

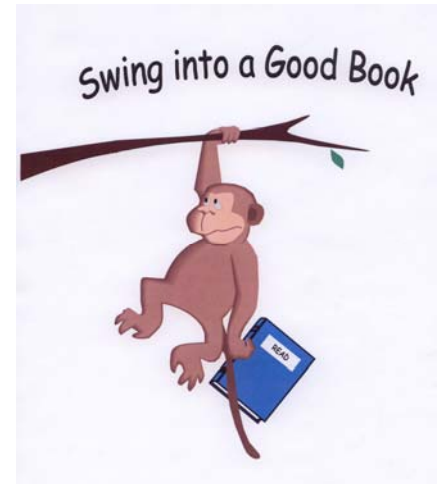
--	--

Name

Aug. 2009 Grade & Teacher

JUNE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				



JULY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

Daily Reading Goal: _____

Total number of days when goal was met:

Signature of Parent/Guardian _____

Please return this completed calendar to the Library Learning Center by **FRIDAY, August 28th, 2009**