



## Mrs. Mitchell's Lending Library

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

I will care for books borrowed from my classroom.

I will listen to my grown up read to me and practice reading at home.

Child's Signature \_\_\_\_\_



I give my child permission to borrow books from Mrs. Mitchell in Room 4.

I will help my child care for any books borrowed from the classroom.

I will read to my child every day for 20 minutes.

I understand that my child will not be able to borrow books, if they do not care for them.

Parent's Signature \_\_\_\_\_