



BOOK LOG

Child's Name: _____ Age: _____

Number of Books Read: _____ Date: _____

Parent's Name: _____ Address: _____

Email: _____ Phone: _____

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By checking this box, you are giving us permission to air your child's name on WQLN-TV 54.1.

Book Title	Author	Pages
1. <small>Required PBS Related Book</small>		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Use this book log to keep track of the books read each month. List your child's PBS related book on line #1. All others, including additional PBS related books, can be listed after line #1. Email your book list to qkidsreaders@wqln.org by the 25th of the month, or you can mail it to: WQLN Public Media, c/o Q-Kids Readers, 8425 Peach St, Erie, PA 16509