

TOOTH CARE

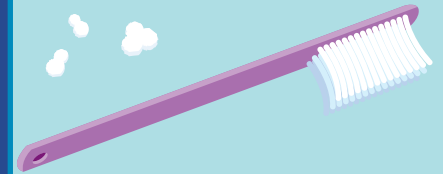
	BRUSH	AM	PM	FLOSS	POINTS
SUNDAY		<input type="checkbox"/>	<input type="checkbox"/>		
MONDAY		<input type="checkbox"/>	<input type="checkbox"/>		
TUESDAY		<input type="checkbox"/>	<input type="checkbox"/>		
WEDNESDAY		<input type="checkbox"/>	<input type="checkbox"/>		
THURSDAY		<input type="checkbox"/>	<input type="checkbox"/>		
FRIDAY		<input type="checkbox"/>	<input type="checkbox"/>		
SATURDAY		<input type="checkbox"/>	<input type="checkbox"/>		

NOTES:



NAME: _____

WEEK OF: _____



Kid★PointzSM

Pointing Kids in the Right Direction

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TOTAL POINTS: _____