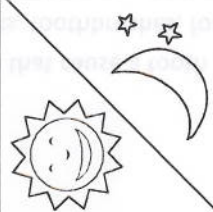






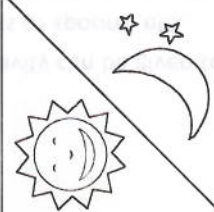

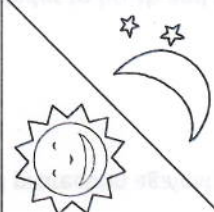

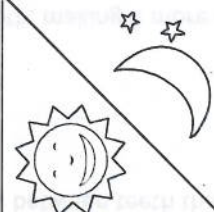
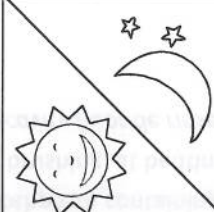

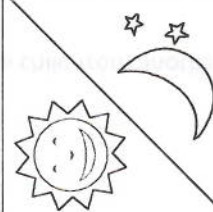
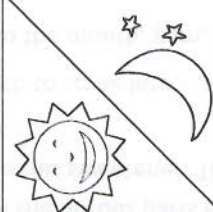
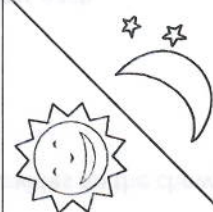
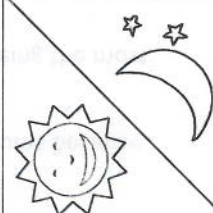
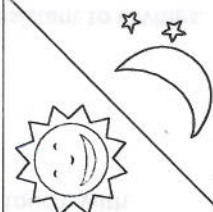
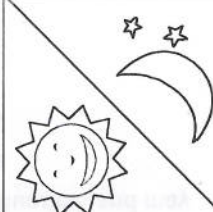

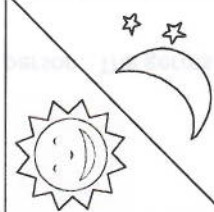
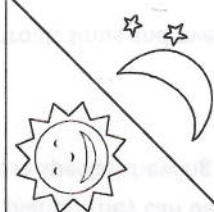
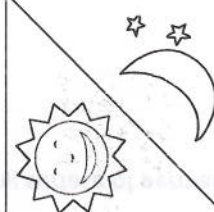

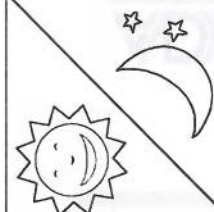
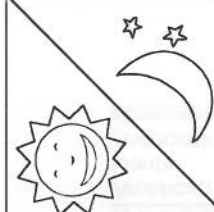



Brushing Calendar



Your Name: _____

Teacher's Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Week 3							
Week 4							

Parents, please remind your child to brush daily, providing help when needed. At the end of four weeks, sign below and return this calendar to your school for your child to receive a free toothbrush: _____

Parent's Signature