



Name _____ Date _____

Month _____

Choose _____ activities to do each week. Ask an adult in your family to initial the square in the box of each activity you complete. Bring this paper back to school on _____.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
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