

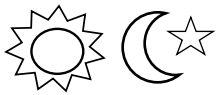
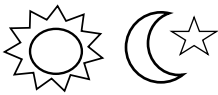
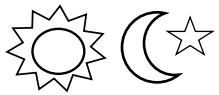
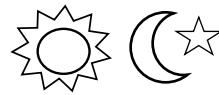
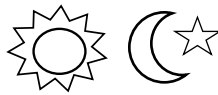
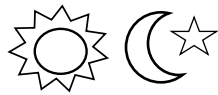
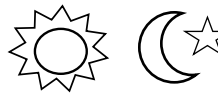
Name: \_\_\_\_\_ Class: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_



# Wash your hands

Please put a check mark in the squares each time you wash your hands

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						



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