

CHILD'S NAME

Going to Bed Checklist



Monday	Tuesday	Wednesday	Thursday
<input type="checkbox"/> Take a bath <input type="checkbox"/> Put on PJs <input type="checkbox"/> Use bathroom <input type="checkbox"/> Brush teeth <input type="checkbox"/> Storytime <input type="checkbox"/> Say prayers <input type="checkbox"/>	<input type="checkbox"/> Take a bath <input type="checkbox"/> Put on PJs <input type="checkbox"/> Use bathroom <input type="checkbox"/> Brush teeth <input type="checkbox"/> Storytime <input type="checkbox"/> Say prayers <input type="checkbox"/>	<input type="checkbox"/> Take a bath <input type="checkbox"/> Put on PJs <input type="checkbox"/> Use bathroom <input type="checkbox"/> Brush teeth <input type="checkbox"/> Storytime <input type="checkbox"/> Say prayers <input type="checkbox"/>	<input type="checkbox"/> Take a bath <input type="checkbox"/> Put on PJs <input type="checkbox"/> Use bathroom <input type="checkbox"/> Brush teeth <input type="checkbox"/> Storytime <input type="checkbox"/> Say prayers <input type="checkbox"/>
Friday	Saturday	Sunday	USE THIS SPACE TO ADD A PICTURE OF YOUR CHILD, OR LET THEM DRAW A PICTURE OF THEIR OWN
<input type="checkbox"/> Take a bath <input type="checkbox"/> Put on PJs <input type="checkbox"/> Use bathroom <input type="checkbox"/> Brush teeth <input type="checkbox"/> Storytime <input type="checkbox"/> Say prayers	<input type="checkbox"/> Take a bath <input type="checkbox"/> Put on PJs <input type="checkbox"/> Use bathroom <input type="checkbox"/> Brush teeth <input type="checkbox"/> Storytime <input type="checkbox"/> Say prayers	<input type="checkbox"/> Take a bath <input type="checkbox"/> Put on PJs <input type="checkbox"/> Use bathroom <input type="checkbox"/> Brush teeth <input type="checkbox"/> Storytime <input type="checkbox"/> Say prayers	

