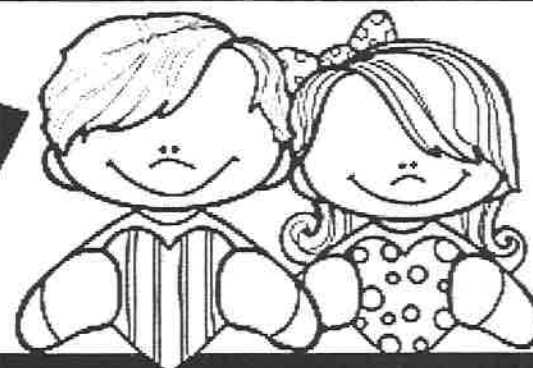


# February



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Total Minutes: _____ Parent Signature: _____				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			