

DATE : _____

DAY OF THE WEEK (CIRCLE DAY) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

OUTDOOR ACTIVITIES:

, MY FAN	IORITE	PART	OF	THE	DAY	:		
WHAT	I ATE	TODA`	 Y :	~~~	~~~	~~~~	~~~~	DRAV
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WHAT I WANT TO DO TOMORROW:

DRAWING OF THE DAY:

giggle