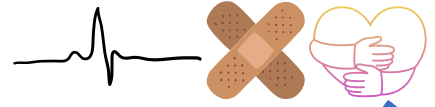


Care Schedule



NAME:

MONTH:



	SUN	MON	TUES	WED	THU	FRI	SAT

