kidspot

Name _____

# Bedtime Checklist

Mark each day with a sticker when you complete the tasks

**When all the boxes are filled in, my treat will be...**

_____

| TASK | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| Pack school bag | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bath/shower | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Put on pyjamas | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Brush teeth | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Go potty | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bedtime story | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Kiss family goodnight | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lights out | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |