

Tooth Fairy

RECEIPT

Owner's name _____

Owner's age _____

Number of teeth _____

Quality

FAIR

GOOD

EXCELLENT

Payment total _____

Authorized signature _____

Date collected _____

My Tooth Brushing Tracker



MORNING

EVENING

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

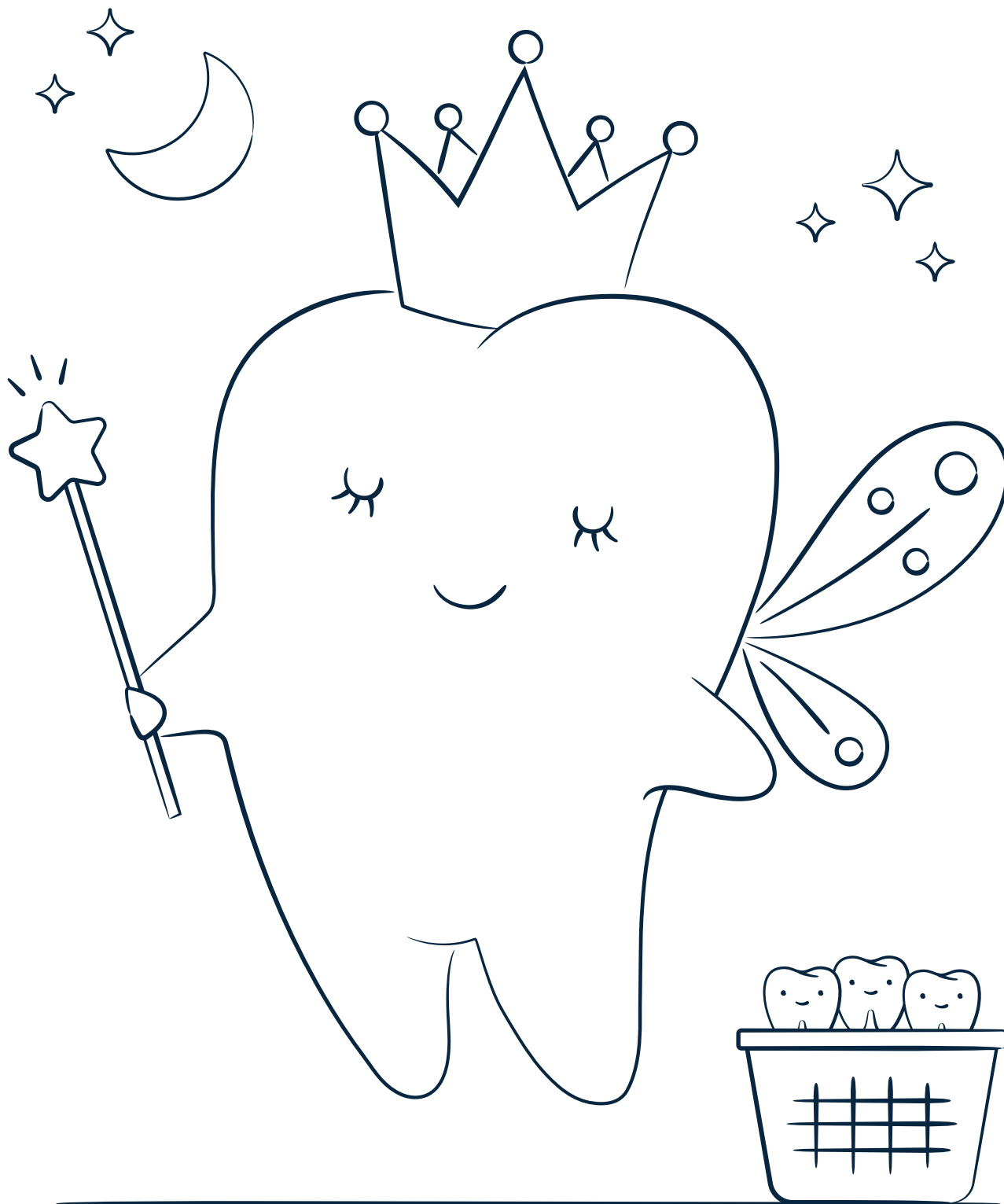
Teeth Brushing Stickers

Print these stickers on sticker paper and cut them out to reward your child on their tooth-brushing skills.



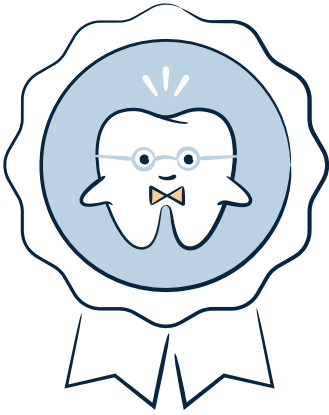
Smile Coloring Page

NAME _____



Official Tooth Tracker

Fill in the date that each tooth was lost on the diagram below.



THIS LOST TOOTH TRACKER BELONGS TO:



LEFT

RIGHT

