	Childs name: _____	Childs name: _____	Childs name: _____	Childs name: _____	Childs name: _____
Mission tasks:	(Place a ✓ if completed)	(Place a ✓ if completed)	(Place a ✓ if completed)	(Place a ✓ if completed)	(Place a ✓ if completed)
Helped in the house for Shabbat					
Tefilah					
Torah out loud					
Parsha					