



LITTLE DRAGON

Month:

NAME :

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Please **COLOR** the Star (each night) if your child has followed Yong-In Home-Rules and return this sheet first week of the month. Once the chart is filled (**80% and more**) and you turn it in to Front Desk, Yong-In will present the student with a **STAR** patch that can be placed on their **Dobok** (uniform).

Parents, please let us know what goals or skills you are hoping your child will improve on through Taekwondo, and how we can assist them in reaching those goals!

Thank you for your supporting 🙏