

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Write Your Name!

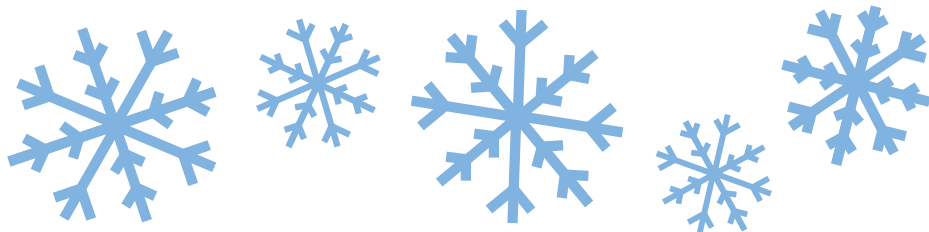


Use the line to write your name in the box below. At the end of kindergarten see how you have grown!

Fall



Winter



Spring

