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[www.LifeWithLovebugs.com](http://www.LifeWithLovebugs.com)

[hello@lifewithlovebugs.com](mailto:hello@lifewithlovebugs.com)

My first day of



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

Age: \_\_\_\_\_

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

## My Favorites

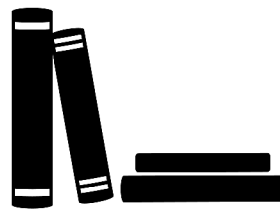
food: \_\_\_\_\_

color: \_\_\_\_\_

activity: \_\_\_\_\_

book: \_\_\_\_\_

subject: \_\_\_\_\_



When I grow up, I want to be:

My last day of



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

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

## My Favorites

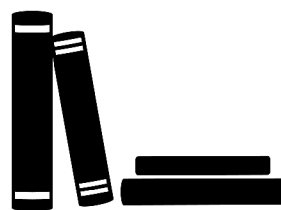
food: \_\_\_\_\_

color: \_\_\_\_\_

activity: \_\_\_\_\_

book: \_\_\_\_\_

subject: \_\_\_\_\_



When I grow up, I want to be: