

## All About Me

My FULL name is \_\_\_\_\_  
I like to be called \_\_\_\_\_

My birthday is \_\_\_\_\_  
My Address is \_\_\_\_\_  
\_\_\_\_\_

My Phone Number is \_\_\_\_\_

Dad's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Daytime phone \_\_\_\_\_

Mom's name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Daytime phone \_\_\_\_\_

The person you should call in case of an EMERGENCY

Name	Phone Number

The person you should call in case of a NON-EMERGENCY

Name	Phone Number

I WOULD or WOULD NOT know what foods not to eat if they were made available to me. \_\_\_\_\_

I am RIGHT or LEFT handed. \_\_\_\_\_

My FAVORITE COLOR is \_\_\_\_\_

My FAVORITE ACTIVITIES are \_\_\_\_\_

My FAVORITE thing about Kindergarten was \_\_\_\_\_

My MOM or DAD would be able and interested in having part in sending in refreshments or special activity supplies for any of the following:

Afternoon Snacks  
Grandparents Day  
Easter

Thanksgiving  
Christmas  
Last Day of School

Here is a picture of me!! 

