Name:	Date:



Things	l want to ex	plore this	year are
0 -			<i>J</i>







Name:	_ Date:	



WORD SEARCH

S Т F Ε Ε Ε Ε В P P Α Ε Ι Α Χ G Μ Τ D Κ В R S P Н Α S Ν W D Ν Ε P Υ J Ε Χ Р 0 R Ε Ν

Learn Explore Seek Gather Play



PARENTS: When was the last time your child had an eye exam?

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Name:	Date:



Things I want to lea	arn this year are
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Name: _____ Date: _____



WORD SEARCH

R T S E L E A R N
E B P L A Y H C R

A I V X G E M D T

D W R I T E E S Z

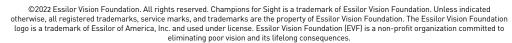
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J Y H S C H O O L

Read Write Learn School Play



PARENTS: When was the last time your child had an eye exam?





Name: _____ Date: _____



WORD SEARCH

R T S E L E A R N

E B P L A Y H C R

A I V X G E M D T

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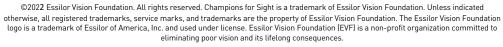
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J Y H **S C H O O L**

Read Write Learn School Play



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Name: _____ Date: _____



WORD SEARCH

S T L E E F G R V

E P E B V E A B P

K B R A S P H S A

S L N W D N E P Y

J E X P L O R E N

Learn Explore Seek Gather Play



PARENTS: When was the last time your child had an eye exam?