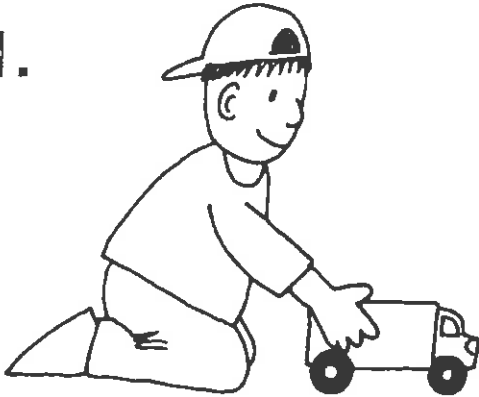


Kindergarten - Examen Inicial y Posterior

Name: _____

Date: _____

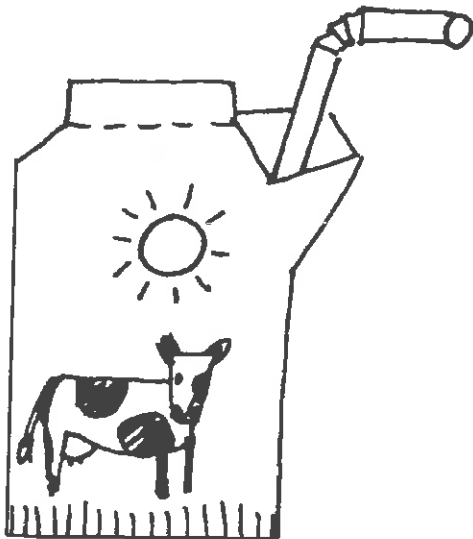
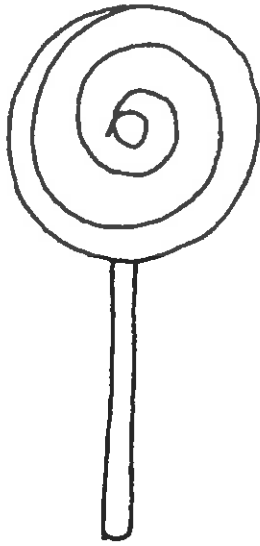
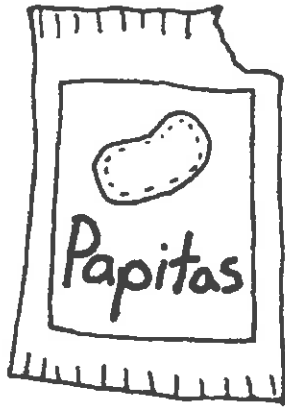
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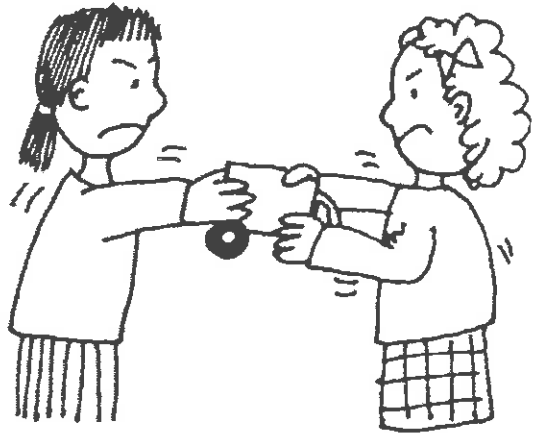
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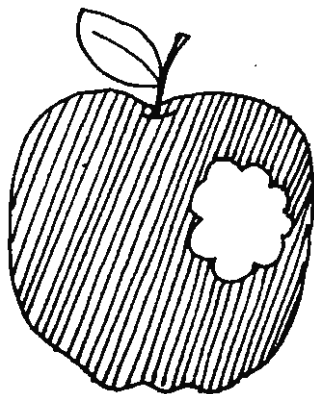
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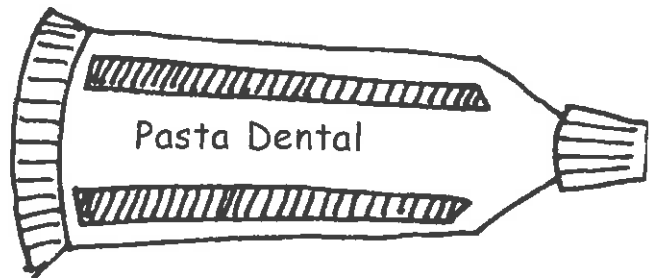
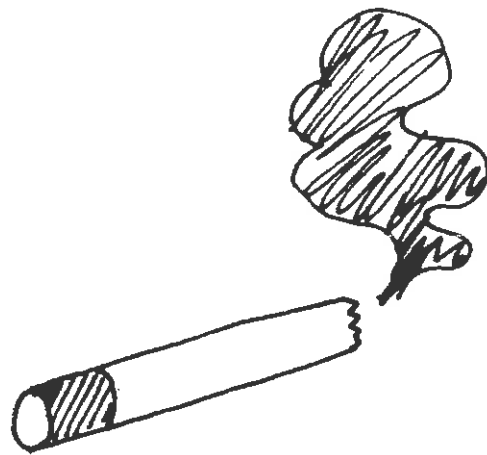
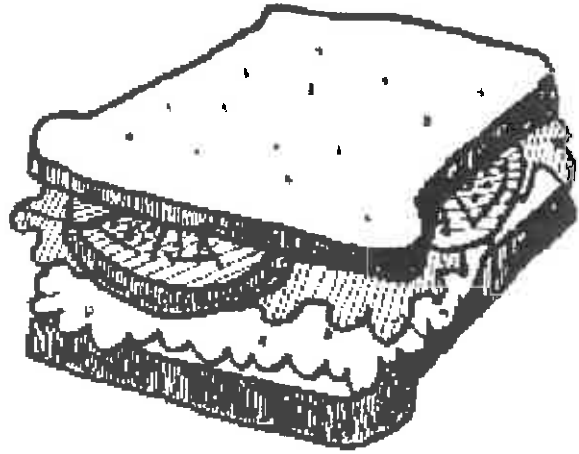
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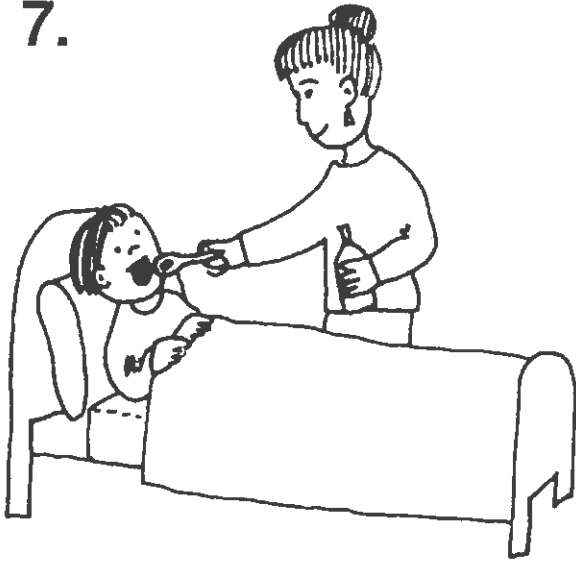
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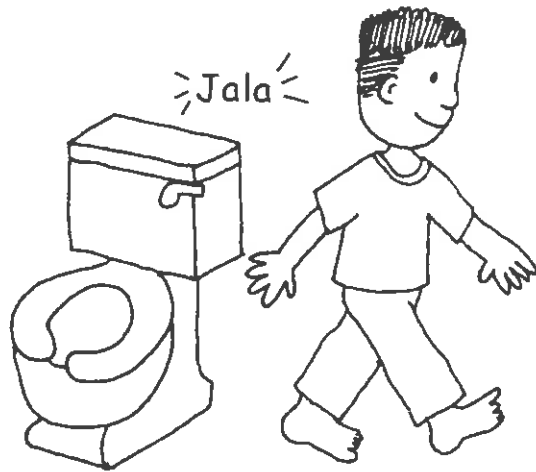
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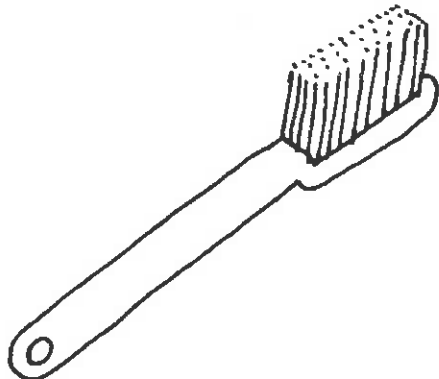
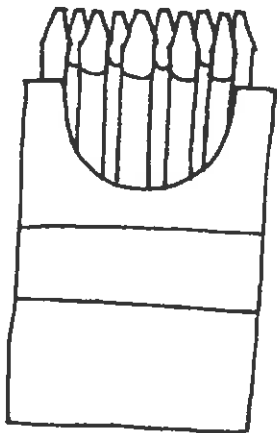
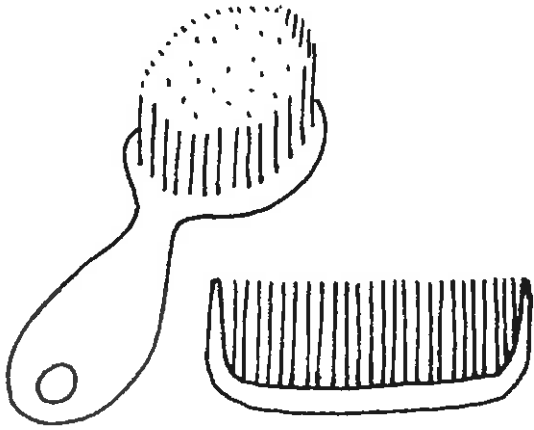
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8.



9.



10.

