



Tooth Fairy Application



Name: _____

Age: _____

Favorite food: _____

Are you afraid of flying? Yes No

Can you work at night? Yes No

Do you work well with others? Yes No

Do you eat a lot of candy? Yes No

Do you take good care of your teeth? Yes No

Why would you be a good Tooth Fairy?

Signature: _____

Date: _____

Fingerprints
