



*Your Full Name:* \_\_\_\_\_

*Birthday:* \_\_\_\_\_

*Monogram Initials:* \_\_\_\_\_

*Allergies:* \_\_\_\_\_

*Classroom theme:* \_\_\_\_\_

*Favorite Color:* \_\_\_\_\_

*Favorite Teacher Supplies:* \_\_\_\_\_

*Favorite Cake:* \_\_\_\_\_

*Favorite Restaurants (include fast food):* \_\_\_\_\_

*Favorite Places to Shop:* \_\_\_\_\_

*Favorite Snack (salty and sweet):* \_\_\_\_\_

*Favorite Cookie:* \_\_\_\_\_ *Favorite Drink:* \_\_\_\_\_

*Favorite Loaded Tea Flavor:* \_\_\_\_\_

*Hobbies/Sports Team:* \_\_\_\_\_

*Candles: Yay or Nay*     *Favorite Scent:* \_\_\_\_\_

*Coffee: Yay or Nay*     *Favorite Coffee/Shop:* \_\_\_\_\_

*Favorite Flower:* \_\_\_\_\_



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