

Getting to Know You

Full Name: _____

Monogram preference: _____

Birthday: _____

Favorite Color: _____

Classroom color/theme: _____

Favorite teacher supplies: _____

Favorite Sweet Snack: _____

Favorite Crunchy Snack: _____

Favorite Soda or Drink: _____

Favorite Fast Food Restaurant: _____

Favorite Sit Down Restaurant: _____

Favorite Place to Shop: _____

Hobbies: _____

Allergies: _____

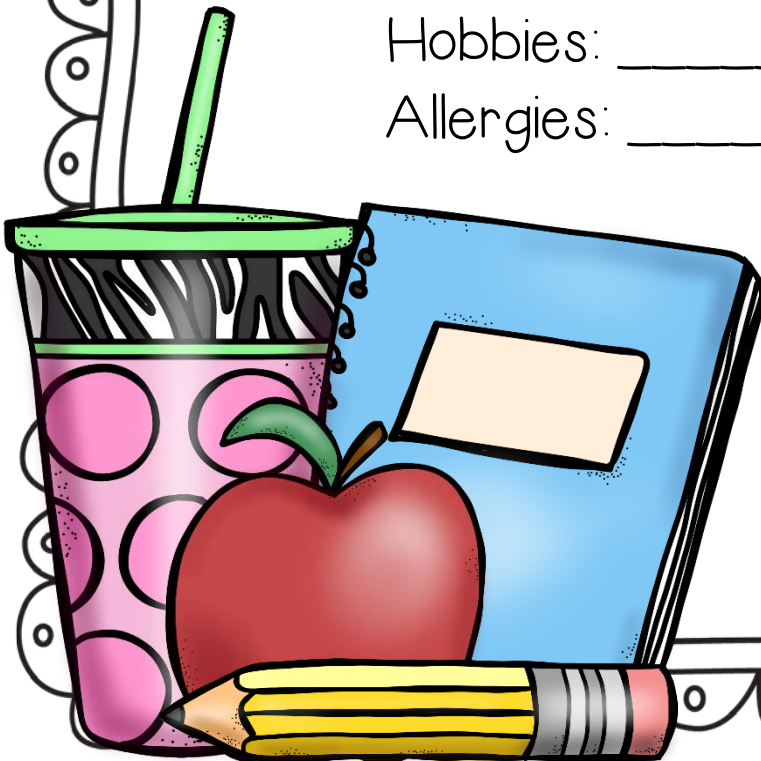
Coffee: Yay or Nay

Candles: Yay or Nay

Jewelry: Yay or Nay

Books: Yay or Nay

Movies: Yay or Nay



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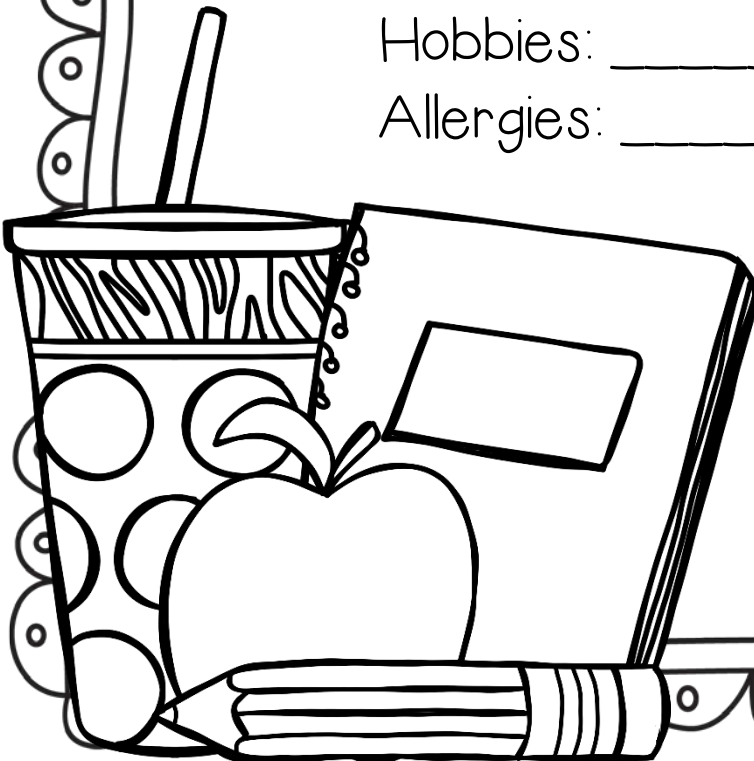
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