

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

