



Getting to Know You

Name _____

Birthdate (month/day) _____ Monogram _____

Shirt Size _____ Shoe Size _____

Room theme/colors _____

Allergies/Dietary Restrictions _____

Hobbies/Interests _____

Things You Collect _____

Your Favorites

Color _____ Flower _____

Music Style _____ Song _____

Store _____ Restaurant _____

Food _____ Drink _____

Dessert _____ Candy _____

Snack Food _____ Sports Team _____

Keurig Cups _____ Scent _____

Additional Favorites _____

Last, But Not Least...

Special items your classroom is in need of (or always needs/runs out of)

List 3-5 items (\$5 or less) that would be a treat sure to make you smile.

Anything else you think would help us get to know you
