

We are so excited to be a part of your class this year.
Please fill out this sheet to let us know what you hold dear
so we can make your day throughout the school year!
Thank you.

My birthday is: _____

These are a few of my

FAVORITE THINGS

Restaurants: _____

Places to shop: _____

Candy: _____

Drink: _____

Snacks: _____

Sweet Treat: _____

Scent: _____

Color: _____

Sports Team: _____

Hobbies/In my spare time I like to:

Wish List for my classroom:



Please Circle One:

Coffee

Yay or Nay

Tea

Yay or Nay

Candles

Yay or Nay

