

*help us*  
get to know you

*about me*

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

*my favourite*

Way to Relax:	Hobbies:
Restaurant:	Store(s):
Local Store/ Business:	Gift Cards:
Coffee/Tea Shop:	Hot Drink:
Cold Drink:	Alcoholic Drink:
Cookies:	Sweet Treat:
Salty Snack:	Candy:
Scent:	Colour:
Flowers/Plants:	School Supply:
Sports Team:	Weekend Activity:
Author/Book:	Charity:

*questions for you*

Do you have any allergies or dietary restrictions? \_\_\_\_\_  
Things you do NOT need more of? \_\_\_\_\_  
Do you prefer consumable gifts or sentimental gifts? \_\_\_\_\_  
Do you have any classroom needs or wishes? \_\_\_\_\_  
Anything else you'd like us to know? \_\_\_\_\_

