Getting to know you

We'd love for you to fill this out, so we can get to know you too!

Full Name:		
Monogram Preference:		
Birthday (Month/Day):		
Favorite Color:		
Classroom color/theme:		
Favorite Teacher Supplies:		
Wish List for Classroom:		
Favorite Snack:		
Favorite Soda or Drink:		
Favorite Fast Food Restaurant:		
Favorite Sit Down Restaurant:		
Favorite P	lace to Shop	o:
Hobbies:		
Allergies:_		
	Coffee	Yay or Nay
	Tea	Yay or Nay
	Than	L MONI

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