



All About Me

Name: Position:

Email:

My Favorite. . .

Breakfast:

Hot Drink:

Cold Drink:

Snack(s):

Carry-Out Lunch Order:

Restaurant(s):

Store(s):

Gift Card(s):

Any other favorites:

A Little About Me. . .

Birthday (Month/Date):

Hobbies:

How I Relax:

Sports Team:

Home State/Country:

Allergies:

Dietary Restrictions:

Please No More:

Anything Else:



Click the below link to view my Classroom Wishlist:

Add the link to your Wishlist Here

What are your top classroom supplies wishes?

What can parents/guardians do to help you the most?