



Just a few of your

# FAVORITE THINGS

Name \_\_\_\_\_

Allergies/dietary restrictions:

Birthday \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## My Favorite Things...

Color \_\_\_\_\_

Snacks \_\_\_\_\_

Candy \_\_\_\_\_

Soda/drink \_\_\_\_\_

Coffee/Tea drink \_\_\_\_\_

Sweet treat \_\_\_\_\_

Flower \_\_\_\_\_

Hobbies \_\_\_\_\_

Restaurants \_\_\_\_\_

Baked goods \_\_\_\_\_

Place(s) to shop \_\_\_\_\_

**MOVIES**

Yes or No

**CANDLES**

Yes or No

**LOTIONS**

Yes or No

Scents \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you would prefer not to receive/already have enough of?

*Nicole Miller*

I prefer to not receive anymore signs with my name on them for the classroom, items with pencil themes, coffee mugs, or tumbler cups.