

# Favorite Things

Thank you for taking a few minutes to complete this questionnaire! The information you provide may be shared with families, Board members, and staff who are looking for thoughtful ways to show appreciation throughout the year. Participation is completely optional.

Name \*

Sharlene Victor

Birthday  
(Month & Day)

07/30

## My Favorites

Favorite color?

Green

Favorite flower?

Orchid

Favorite scent?

Lavender

Favorite snack?

Trail mix

Favorite candy or sweet treat?

Skittles

Favorite drinks?

*coffee, tea, sparkling water, soda*

Chai tea, Ginger Ale

Favorite restaurants?

Noodles and company, Panera, Olive Garden

Favorite local coffee shop?

Starbucks

Favorite stores?

JC penny, kohls and thrift stores

Favorite hobby or way to relax?

Crafting, soap making, Candle making,

Favorite Books, Movies, or TV Shows

Stephen King, kindle

Just for Fun

Something I Always Appreciate:

Being straight forward and kind with others

Classroom Supplies or Items I'd Love:

Books and art

Things I Collect or Enjoy:

Adult Lego building sets.

Allergies & Preferences

Food Allergies or Dietary Restrictions:

Lactose free, no milk in drinks

Things I Don't Like or Can't Use:

Lotions

Thank you!

This form was created inside of Meeting House Nursery School.

Google Forms