

Favorite Things - Teacher addition

Please take a minute to fill out this questionnaire. It will be passed on to the MHNS Board members and room parents.
Thank you!

Name *

Gail

When is your birthday?

MM DD YYYY

05 / 08

Favorite candy?

Favorite scent?

vanilla

Favorite Cookie?

oatmeal-(low fat)

Coffee/Tea?

tea

Favorite snack?

apple

Favorite color?

Yellow

Favorite restaurant?

Favorite place to shop?

Hobby or collection?

pet safe plants, low light

This form was created inside of Meeting House Nursery School.

Google Forms