

We would like to know a little bit about you!

| Your Name:                |                         |  |
|---------------------------|-------------------------|--|
| Your Birthday Month:      | Day:                    |  |
|                           |                         |  |
|                           |                         |  |
| Favorite Snack:           |                         |  |
| Favorite Cookie:          | Favorite Cake:          |  |
| Favorite Drink:           | Favorite Coffee Drink:  |  |
| Allergies:                |                         |  |
|                           | Favorite Sport:         |  |
| Favorite Sports Team:     |                         |  |
|                           |                         |  |
| Do You Collect Anything?_ |                         |  |
| C                         | LASSROOM WISH LIST      |  |
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