

# Getting To Know You

Full Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite Teacher Supplies: \_\_\_\_\_

Classroom Color/Theme: \_\_\_\_\_

Favorite Sweet Snack: \_\_\_\_\_

Favorite Crunchy Snack: \_\_\_\_\_

Favorite Soda or Drink: \_\_\_\_\_

Favorite Fast Food Restaurant: \_\_\_\_\_

Favorite Sit Down Restaurant: \_\_\_\_\_

Favorite Places To Shop: \_\_\_\_\_

Hobbies/Collectables: \_\_\_\_\_

Allergies: \_\_\_\_\_

Movies: Yay or Nay

Coffee: Yay or Nay

Jewelry: Yay or Nay

Books: Yay or Nay

Candles: Yay or Nay

Lotions: Yay or Nay

