



These Are A Few Of My Favorite Things!

Date: _____

Name _____

Birthday (not the year) _____

Grade/Position _____

Family/Married/Kids/Pets _____

Favorite Things

Favorite College or Sports Team _____

Favorite Snack (sweet or salty) _____

Favorite Beverage (hot or cold) _____

Favorite Restaurant _____

Favorite Fast Food Place _____

Favorite Way to Relax _____

Favorite Color _____

Favorite Vacation Spot _____

Favorite Nail Salon _____

Favorite Place for a Gift Card _____

Favorite Teacher Supply Store _____

Any Dietary Restrictions _____

Can we share this information with parents? Yes No

Please return this form to the Milenio Office.