



Favorite Things



Starside PTA

Please complete this form with as much information as you feel comfortable sharing. This form will be made available on our Starside PTA website for access by parents/caregivers. When completed, please return to the PTA mailbox in the staff workroom. Thank you!

Name: Ami Agan

Grade/Position: Kitchen

Birthday: (month/day) November 17

Shirt size: med

Monogram: (or name reference for monogrammed items) _____

What is your favorite...

Sports Team (College and/or Professional): Chefs Color: pink/purple

Salty Snack: Chips Fruit: watermelon Gum flavor: mint

Soft Drink: Pepsi D Sonic drink: lime acid Coffee shop drink: mocha latte

Cookie: choc. chip Cake: choc. Dessert: Brownies

Flower: mini roses Scent: Fall scents Hobby: Baking

Take out restaurant: Subway Sit down restaurant: El Patron

Ice Cream Flavor: peanut butter / choc Bookstore: Amazon

If you could choose a gift card for the amounts below, where would you want to spend it?

\$5: Harps

\$10: Caseys

\$15: Chipolte

\$20: Walmart

\$25: Target

\$50: Amazon

Do you have any dietary restrictions? NO

Where do you like to shop most for classroom supplies/décor? _____

Your top classroom supply wishes: _____

What can classroom parents/caregivers do to help you most? _____