



# 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: Norma Carrillo

Grade/Position: Student Nutrition

Birthday: (month/day) Sep 14, 81

Shirt size: XLarge

Monogram: (or name reference for monogramed items) \_\_\_\_\_

### What is your favorite...

Sports Team (College and/or Professional): \_\_\_\_\_ Color: Black

Salty Snack: Chips Fruit: Mango Gum flavor: Mint

Soft Drink: Dr PEPPER Sonic drink: \_\_\_\_\_ Coffee shop drink: Capuccino

Cookie: Macarons Cake: Chocolate Dessert: Donuts

Flower: Roses Scent: Vanilla Hobby: craft

Take out restaurant: olive garden Sit down restaurant: ~~Starbucks~~ olive garden

Ice Cream Flavor: peach Bookstore: Barn's & nobles

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

\$5: Starbucks \$10: Dollar general

\$15: walmart \$20: hobby lobby

\$25: target \$50: jc penny

Do you have any dietary restrictions? no

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

Your top classroom supply wishes: \_\_\_\_\_

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