



# 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: Lindsay Summers

Grade/Position: Kinder

Birthday: (month/day) July 26

Shirt size: XL

Monogram: (or name reference for monogramed items) Mrs. Summers or LS or LSO

### What is your favorite...

Sports Team (College and/or Professional): anything KC Color: Pink  
*white cheddar*

Salty Snack: Popcorn Fruit: Strawberry Gum flavor: Spearmint

Soft Drink: Dr. Pepper Sonic drink: Dr. Pepper Coffee shop drink: Iced coffee  
*caramel, almond milk, stevia*

Cookie: Choc. Chip Cake: confetti Dessert: Cupcake

Flower: Sunflower Scent: apple Hobby: embroidery

Take out restaurant: Papa Johns Sit down restaurant: El patron

Ice Cream Flavor: vanilla Bookstore: Half-Price Books

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

\$5: Amazon \$10: Amazon

\$15: or \$20: or

\$25: Target \$50: Target

Do you have any dietary restrictions? No

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

Your top classroom supply wishes: CLASS SNACKS

What can classroom parents/caregivers do to help you most? communication,  
working/reviewing school concepts at home