

ORE FACULTY / STAFF FAVORITES

Please complete this form so our PTO and parents can know a little about your favorite things in life!

Name: Claudia Garcia Initials: C.G.
 Birthday: 07/27/75 Anniversary: _____
 Allergies: Seasonal.

YOUR FAVORITES

Teacher Supplies: ^② Color pens - ^① Dry erase markers (Black)
 Color(s): Green - Yellow.
 Candle or Scentsy ^{or flowers.} Scent: Fresh. smell. Lotion: fresh. smell. ^{or flower}
 Sweet Treat: popcorn / mix nuts, Candy: dark chocolate. ^{dark chocolate}
 Salty Snack: popcorn / mix nuts Fast Food: Cones.
 Cold Drink: Lemon Ice tea Hot / Warm Drink: Coffee (Caramel, machito)
 Casual Dining: Teriyaki Madness. Formal Dining: _____
 Hobbies: Listening music / movies. Magazine: _____
 Book Genre: walkies. Author: _____
 Music, Music Group/ Artist: _____ Sports Team(s): _____
 Way to relax: Doing anything. Flower: any yellow.
 Fragrance: fresh. w/ families. Store(s): _____

PREFERENCES:

Donuts or bagels: bagels. Coffee or Tea: Ice tea.
 (iced or hot?)

Thank you, but I do not need any more:

Wish List for the Classroom (or yourself.)