

## Christ Lutheran School Staff Favorites

Name: \_\_\_\_\_

Birth Month/Day \_\_\_\_\_

**Please list 3 or more favorites!**

Hobbies – \_\_\_\_\_

Restaurants (regular spots) – \_\_\_\_\_

Restaurants (special occasion) – \_\_\_\_\_

Stores – \_\_\_\_\_

Beverages – \_\_\_\_\_

Candy – \_\_\_\_\_

Snacks – \_\_\_\_\_

Treat Spot (i.e.; DQ, Scooters) - \_\_\_\_\_

Gum/mints/pocket candy – \_\_\_\_\_

Pre-packaged treats/cookies – \_\_\_\_\_

Color(s) – \_\_\_\_\_

Flowers – \_\_\_\_\_

Scents (for lotion, candles, etc.) – \_\_\_\_\_

Magazines or books – \_\_\_\_\_

Something you've always wanted – \_\_\_\_\_

An event you would like to attend – \_\_\_\_\_

Any food allergies/restrictions – \_\_\_\_\_

Your completed form is a wonderful guide for students, parents, PTO and Point Parents throughout the year. The more information you provide, the better! Thank you!

~ Teacher Appreciation Committee