

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