

Please fill out this form to help us better support you and the needs of your classroom... and to show our appreciation to you for all you do for our children. Thank you!

Name Cheri Brechin

Drink coke

Birthday Oct 14

Flower Petunia, carnation

Snack Cheez-it Grooves

Fine Dining Steak or Mexican (any)

Fast Food Chick Fil A

Dessert Twix

Candle Eucalyptus spearmint

Hair or Nail Salon

Place to Shop TJ Maxx

T-shirt size M or L

Favorite Color blue

Favorite Meal mexican

Sport/SEC Team Football/Alabama

Any Children 3

Do you drink Coffee? yes

What Flavor? Caramel macchiato

Allergies or Intolerances ⊕

Tell me about your hobbies, things you collect or anything else you would like me to know when thinking of you for the holidays. _____

Classroom Needs:

What do you like for your treasure box? _____

Favorite Author or Book series for your class: _____

What could parents donate to your classroom? _____

Who is your room mom/dad? _____

Please give us their contact information (if they don't mind). _____