Name	2018-2019 School Year
Birth Month and Day	Favorite "fast food" restaurant
Favorite color	Favorite "nice/sit-down" restaurant
Favorite flower	Favorite Superhero
Favorite fragrance (Candle/Cologne)	Favorite Cartoon/Anime
Favorite candy/ candy bar	Favorite Cartoon/Anime Character
Favorite beverage	Favorite video game
Favorite cookie	Favorite movie
Favorite dessert	Favorite song
Favorite fruit	Favorite board game
Favorite gum	Favorite holiday
Favorite snack	Favorite (fill-in)
Something you can't live without	
Favorite store(s)	
Favorite professional team	
Hobbies	
Favorite type(s) of food	
What do you like to do in your free time	
Any dietary restrictions	

These forms will be kept in the binder outside of the PTA office.