

## 2024 – 2025 Teacher Questionnaire

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

Initials: \_\_\_\_\_

Birthday: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite Flower: \_\_\_\_\_

Favorite Food or Treat: \_\_\_\_\_

Favorite Places to Shop: \_\_\_\_\_

Favorite Restaurants: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Do you like going to a spa/salon?  Yes  No If yes, which one? \_\_\_\_\_

Do you have any special requests for parties?

Do you have any other info you'd like to share with the Room Parents?