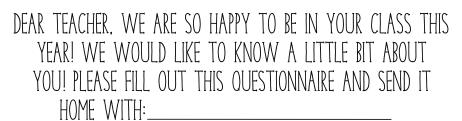


MY FAVORITE THINGS



YOUR NAME:	
YOUR BIRTHDAY MONTH:	DAY:
FAVORITE PLACES TO SHOP:	
FAVORITE SNACK:	FAVORITE CANDY:
FAVORITE COOKIE:	FAVORITE CAKE:
FAVORITE DRINK:	FAVORITE COFFEE DRINK:
ALLERGIES:	
	FAVORITE FLOWER:
FAVORITE SCENT:	FAVORITE SPORTS TEAM:
HOBBIES:	
DO YOU COLLECT ANYTHING?	
	CLASSROOM WISH LIST