

Date of Birth:	Name of Hospita	al: Birth Weight:	
Favorite food:		Least Favorite Food:	
Favorite Movie:		Favorite Movie Star:	
Someone Famous to Mar	ry:	Favorite TV Show:	
Favorite Store to Shop:			
Favorite Sports to Play:		What Position in Sports?	
Favorite Sports Team:		Favorite Athlete:	
Instrument you Play (if an	ıy/ever):	Favorite Website:	
Favorite Part of School:		Least Favorite Part of School:	
Favorite Teacher:		Least Favorite Teacher:	
Favorite Type of Candy:		Favorite Junk Food:	
Favorite Ice Cream Flavo	r:		
Favorite Restaurant to ea	t at:		
Favorite Music Artist / Gro	oup:	Favorite Song:	
Favorite Social Media:		Social Media Handle:	
Favorite Hobby:		Car you'd Like to Own:	
Vacation you'd like to go	on:		
What you'd like to be when you're older?			
If you could meet one per	son, who?	People you admire most:	
Favorite App on your pho	ne:	Favorite Video Game:	