CCE PTO 23-24 Staff Favorites

Please fill out the Staff Favorites form for CCE PTO to share with our Cardinal families.

The respondent's email



was recorded on submission of this form.



Name and Grade: *

Yvonne Jackson para pre k ese

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Mr.

✓ Mrs.

Ms.

Miss.

Birthdate: *
DD MM YYYY
11 / 10 / 1971
Shirt/Sweatshirt Size *
X-Small
Small Small
Medium
Large
X-Large
2X-Large
3X-Large
4X-Large
Breakfast Food?*
Blueberry muffin, chicken biscuit
Baked Goods?*
Chocolate chip cookie

Banan	, kiwi and dragon fruit
Swe	et Snack?*
Reese	pieces
Salt	Snack?*
Lays o	neddar sour cream
Col	Drink?*
Lipton	tea different flavors purple one is my favorite
Hot	Drink?*
нот с	HOCOLATE
Fas	Food Restaurants?*
Burge	King

Applebee's
Places to Shop?*
WALMART
Activities/Hobbies/Sports Team?*
Dallas Cowboys
Music? Concerts?*
Christian artist
Colors?*
PINK
Flowers?*
Don't like flowers

Scent(s)	?* d japanese cherry blossom
rieasule alla	i japanese oneny biossonii
Favorit	e Staff Lounge Snacks? *
Brownies	
Favorit	e Way to Relax when not at school?*
Play games	on my phone
Where	would you want to spend the following Gift Card amount
\$5.00	
Krispy kreme	<u>></u>
Where	would you want to spend the following Gift Card amount
\$10.00	
Starbucks	
Where	would you want to spend the following Gift Card amount
Where \$25.00	would you want to spend the following Gift Card amount

Where would you want to spend the following Gift Card amount		
\$50.00		
Bath and body works		
Candy?*		
Yummy		
I could do without.		
Candles?*		
O I can use more.		
I have plenty.		
T -4*9*		
Lotions?*		
Yes, Please!		
No, Thank you!		

Movies?*
I go often.
O I hardly go.
Cup/Mug?*
Love them!
Too many to count!
My Classroom/Office Wishlist? (Provide link to Amazon Wishlist, * if available)
https://www.amazon.com/hz/wishlist/ls/153YVQUFRE0ZQ?ref_=wl_share
Allergies/Dietary Restrictions?*
Allergies/Dietary Restrictions?* None
None