

# All About Me

What do you enjoy doing with your kids? (outings, activities, hobbies, etc)

Name:

Birthday:

Phone #:

Email:

Address:

What do you enjoy doing without your kids?

Items \$5.00 and under that you love? (cosmetics, toiletries, food, drinks, etc.)

What are your favorite hobbies?

What do you and your significant other (if applicable) do for a living?

Is there any topic that would interest you to focus a meeting on?

How can we make the MOPS experience the most fulfilling for you?

What are your favorite dinners?

Favorite color?

What is your favorite treat? (sweet or salty)

Child Name	Age	School Attending

What are your drinks of preference?

What are your children into at this moment?