



Name: _____

Age: _____

WHAT'S YOUR FAVORITE...?

Shape: _____

Number: _____

Letter: _____

Color: _____

Food: _____

Dessert: _____

Holiday: _____

Month: _____

Season: _____

Day of the Week: _____

Body Part: _____

Room in the House: _____

Dinner: _____

Breakfast: _____

Snack: _____

Ice Cream Flavor: _____

Vegetable: _____

Fruit: _____

Pizza Topping: _____

Book: _____

Movie: _____

YouTube Channel: _____

Subject in School: _____

Teacher: _____

Flower: _____

Plant: _____

Snow Day Activity: _____

Dog Breed: _____

Restaurant: _____

Amusement Park Ride: _____

Pet: _____

Game: _____

TV show: _____

Brand: _____

T-Shirt: _____

Outfit: _____

Animal: _____

Song: _____

Christmas Song: _____

Christmas Present: _____

Toy: _____

Sound: _____

Smell: _____

Taste: _____

Perfect Day: _____

Vacation: _____

Family Memory: _____

City: _____

Car: _____

Store: _____

Job: _____

Singer: _____

Actor/Actress: _____

Drink: _____

Cereal: _____

Summer Activity: _____

Time of Day: _____

Superhero: _____

Popsicle Flavor: _____

Rainy Day Activity: _____

Candy: _____

Cookie Flavor: _____

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