



Wish Child

First Name

Last Name

Arrival Date

My Favorites

To be completed by, or on behalf of, the wish child.

Color: _____

Book/Story: _____

Game: _____

Food: _____

Restaurant: _____

Cake/Candy: _____

Snack Food: _____

Music/Singer: _____

Hobby: _____

Movie: _____

TV Show: _____

Actor/Actress: _____

Sport/Team: _____

Athlete: _____

Pet/Animal: _____

When I'm outside, I like to _____

When I'm inside, I like to _____

Electronics/Games that I like to play with are _____

When I'm with my family, I like to _____

When I'm with my friends, I like to _____
