

PTO Getting To Know You 2025-2026

Let us know a little about you!

Email *

pgirlinghouse@archristian.org

First & Last Name *

Peyton Girlinghouse

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

09 / 06 / 1990

Grade(s)/Classes Taught or Job Title *

Teacher's Aid

Favorite Color *

None

Favorite Candy *

Not big into candy, maybe something with chocolate and carmel

Favorite Scent *

No Cinnamon

Favorite Cookie *

Snickerdoodle or Oatmeal

Favorite Coffee or Tea *

Salted Carmel or White Chocolate Latte/ Blueberry Green Tea or Chai

Favorite Drink *

Coffee or Tea see above

Favorite SONIC Drink *

Water with strawberry fruit and peach/ or mango flavoring

Favorite Restaurant *

Freddy's, Panera Bread, or a Steakhouse

Favorite Snack *

Something Sweet and Salty

Favorite Gift Cards *

Anywhere!

Favorite Hobby *

Spending time outdoors with my children

Is there anything that you prefer not to receive, are allergic to, or simply have too much of?

No

Which of the following describes you? Check all that apply. *

- Gluten Free
- Dairy Free
- Sugar Free
- Nut Free
- No dietary restrictions
- Other: _____

WISH LIST:

*

Please, list some items for your classroom/workspace. (Things for this list could be items for rewards, decorations, supplies, etc.)

N/A

Is there anything else that you would like us to know about you?

This form was created inside of Arkansas Christian Academy.

Google Forms