

2024 CHRISTMAS CARE APPLICATION FORM



PLEASE PRINT

Parent/Guardian's Name: _____

Address: _____

Town/City: _____ Zip Code: _____

Home #: _____ Cell #: _____

Email Address: _____

This program is limited to children ages 14 and under

Child\Childrens' Names:

Name: _____ Birthdate: _____ Age: _____ Male \ Female

Sizes: _____ ** Any special interests (see below): _____

Name: _____ Birthdate: _____ Age: _____ Male \ Female

Sizes: _____ ** Any special interests (see below): _____

Name: _____ Birthdate: _____ Age: _____ Male \ Female

Sizes: _____ ** Any special interests (see below): _____

Name: _____ Birthdate: _____ Age: _____ Male \ Female

Sizes: _____ ** Any special interests (see below): _____

Name: _____ Birthdate: _____ Age: _____ Male \ Female

Sizes: _____ ** Any special interests (see below): _____

****Special interests include dolls (preferred skin tone), sports, puzzles, cars/trucks, board games, books, stuffed animals, arts & crafts, etc. (There are no guarantees we will have what you request).**

Please Sign: _____

Name

Date

For Office Use Only: ID ___ Utility Bill ___ Birth Certificate ___ Verified by ___