

Cheer for Children • Application 2021

Parents Name: _____

Address: _____

Telephone Number: _____

Total # of Children _____

Email Address: _____

Have you received assistance from our program in the past? **Yes** **No**

If Yes, List Year(s) _____

Do you receive assistance other than this program? **Yes** **No**

If available: Preference of ethnicity of doll: African American _____ White _____ Asian _____

Child's Name (Include Last Name) <i>Please Do Not List Any Children Over 12 Years of Age</i>	Social Security #	Sex	Age <i>(Not to exceed 12 Yrs. of Age)</i>

Do you want Santa to deliver your toys? _____ YES _____ NO

If yes, someone from the fire department will contact you with details.

Disclosure: The Cohoes Fire Dept. Local 2562 coordinates its Holiday Assistance program with other community agencies in an effort to meet the needs of the maximum number of families. By signing below, you give the Cohoes Fire Dept. Local 2562 permission to share your application request with other assisting community agencies. Returning this form does not guarantee assistance. If you are eligible for assistance, you will be notified by phone.

I have read and agree to the terms of the Disclosure statement above:

PARENT SIGNATURE / DATE

Applicants will be required to pick up toys and provide identification

Scheduled Time for Pick-Up of Toys:
Only

For Office Use

Date: _____

Time: _____

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