For Office Use Only

Family Number_____

Benefactor_____

Slater Family Network

Holiday Giving Application

2026

Children ages 2-12 Eligible

Parent/Gaurdian Name:_____

Address_____

Town_____

Phone(Home)_____**(Cell)**_____

Email _____

☐YES / ☐NO Have you or any other family member signed up with any other agency for holiday assistance?

☐YES / ☐NO OK to release contact information to SB Chamber of Commerce for invitation to Christmas Party for children? (NOT a SFN event.)

☐YES / ☐ NO Holiday Meal items needed?

List ALL ADULTS living in the household:

NAME	AGE	M/F	Employed Yes or No	If yes, Where?

(Continue on additional sheet if necessary)

If the adults living in the household have received income from any of the following:

Employment, Unemployment, Cash Assistance (TANF), Workers Compensation, Disability, Social Security, Child Support or Kinship and/or Death Benefits….

THE APPROPRIATE PROOF OF INCOME MUST BE ATTACHED OR YOU WILL BE DENIED.

Gross Yearly Household Income $_____ **Family size:** _____

(Stating no income is not acceptable)

Children aged 2-12 ONLY living in the home in the Bangor Area School District as a primary residence. Parent/Guardian must have custody.
Please be specific on the sizes for your children.
For example: Toddlers/Girls/Juniors/Women's/Men's/Boys etc. Please include information for sizing of waist and length of pants if necessary. Shoe size if item is requested.

Child's Full Name	Date of Birth/Age	Gender	Pant, Shirt Shoe Size	Wish List Please be specific and limit to 4 items per child
				1. 2. 3. 4.
				1. 2. 3. 4.
				1. 2. 3. 4.
				1. 2. 3. 4.
				1. 2. 3. 4.

(Continue on additional sheet if needed)

Also list additional children living in the household (older than 12 and younger than 2) not eligible for the program. Provide sizes and areas of interest. If it is possible to provide a few items, we will do so. THIS IS NOT A GUARANTEE NOR A WISH LIST.

Child's Full Name	Date of Birth/Age	Gender	Pant, Shirt Shoe Size	Likes, Areas of interest
				1. 2. 3. 4.
				1. 2. 3. 4.
				1. 2. 3. 4.

(Continue on additional sheet if necessary)

****PLEASE NOTE: Benefactors provide gifts for families. Some benefactors are not able to provide the exact items from the wish list, and it is possible that items may be substituted.**

Slater Family Network is not able to provide any "high priced" electronics or "high priced" other items.

Please DO NOT include these items on the list.

The focus for Santa Help will be

children age 2-12 ONLY.

The holiday giving program is an agreement between my family and Slater Family Network. I agree to allow Slater Family Network to share information with agencies and benefactors to assist my family in the Holiday Giving Program. I agree that no other member of my family nor I will participate for holiday help with any other agency. This is a confidential program, and I must maintain my family's privacy and confidentiality.

If it is determined that I am registered with any other agency for Christmas help, this agreement will be terminated immediately. I also agree to pick up my items or arrange with family or friends to pick up. Photo ID required.

Signature: _____

Date: _____

Additional information we may find useful: _____

_____

_____

APPLICATIONS MUST BE COMPLETELY FILLED OUT AND
PAYSTUBS/PROOF OF INCOME/PRINT OUTS ATTACHED

OR YOU WILL BE DENIED.

Applications must be received by November 2, 2026, at 2:00 pm.

Due to time restrictions, ABSOLUTELY NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE. No reminders will be sent.

Approved_____**Denied**_____

You will be notified of acceptance by November 11th, 2026. Please call Gail Rubel at 610-599-7019 or email Rubelga@bangorsd.org with any questions.