

CHRISTMAS APPLICATION INFO NEEDED

Submit **one** application for **each** child to: fsahelps@gmail.com

IF YOU APPLY FOR CHRISTMAS AT ANY OTHER AGENCY, GROUP OR CHURCH YOU WILL BE DISQUALIFIED FOR ANY CHRISTMAS HELP.

Parent's Full Name(s):

PRINT ONLY, NO CURSIVE

Parent's Phone Number:

Parent's Email Address:

(It is the client's responsibility to keep email and phone number current and voicemail empty so we can contact you for your appointment)

CHILD MUST BE LIVING WITH YOU IN YOUR HOUSEHOLD & YOU MUST HAVE LEGAL CUSTODY.

Child's Name:

Child's Age:

Sex:

Race:

Favorite Hobby/Interest:

WISH LIST: (Do not list clothing or any items that are below in red)

WE DO NOT PROVIDE BICYCLES, ELECTRIC SCOOTERS, GAMING SYSTEMS, VIDEO GAMES, EXPENSIVE ELECTRONICS OR GIFTS THAT EXCEED \$50.

1.

2.

3.

FAMILY INFORMATION:

Single-Parent Family

Two-Parent Family

Is there a Veteran in the household?

Are you homeless or in temporary shelter?

Number of People Living in Household

**Parent will be responsible to shop for their child on-site where the event will be held.
NO CHILDREN WILL BE ALLOWED AT THE CHRISTMAS EVENT LOCATION.**