Peaceful Moments

Guardian's Name: _____

Telephone: _____

Total # of Children _____

Holiday Wish List

Child's Full Name	DOB	Age	Gender	Shoe Size	Pant Size	Shirt Size	Coat Size

Toys / Items Requested

All Children	1	2	3	4	5	6
Child's First Name						
Favorite Color						
Favorite Character						
Item 1						
Item 2						
Item 3						

* If you have more than six children please use two forms

* All children must reside in the home full-time.