

CHRISTMAS BLESSINGS WISH LIST

Please complete one form for each child for which you are requesting assistance. It is important to fill in all blanks so that we have all of the information necessary to contact you and to have enough information about each child to do our best to provide gifts for them.

Parent(s)/Caregiver's Name(s) _____

Parent(s)/Caregiver's Phone Number: _____

CHILD'S FIRST NAME: _____

CHILD'S AGE: _____ PLEASE CIRCLE ONE: **BOY** **GIRL**

CLOTHING SIZES: Shoes _____ Coats _____
 Shirts _____ Pants _____

What type of clothing does your child like? _____

PLEASE LIST BELOW THREE ITEMS YOUR CHILD WOULD ENJOY RECEIVING FOR CHRISTMAS (WISH LIST):

1. _____

2. _____

3. _____

WHAT IS YOUR CHILD'S FAVORITE COLOR? _____

SHARE WITH US WHAT TYPE OF ACTIVITIES YOUR CHILD HAS AN INTEREST IN OUTSIDE OF SCHOOL. (for example: music, reading, sports, art, science, etc.)

