

# Christmas For Kids 2024 APPLICATION

Read Instructions before beginning. Submit application by November 15.

Parent(s) or Guardian(s) Living in the home		
Home Address		City
Primary Phone #	Alternate Phone #	
Email:		
Preferred contact method (choose at least one) <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/> call		

Child's first name	Child's last name	Name of daycare or school

(for more than 4 children, see Instructions)

By signing below, I acknowledge the following:

- ✓ I have read the Instructions and saved them for future reference;
- ✓ The information on this application is true and correct;
- ✓ CFK will share the first names of my children with program sponsors;
- ✓ I will provide proof of residence in the Moscow School District when requested;
- ✓ I do not have any other means to provide a nice Christmas for my family.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

⇒ **DO NOT WRITE BELOW THIS LINE** ⇐

<b>#</b>	Received date: Verified by: Sponsor:
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# Christmas for Kids 2024

First name:						Wish List - Toys/other gifts: 1) 2) 3) 4) 5) 6)	Wish List - Clothes: 1) 2) 3) 4) 5) 6)
A	Age	Sex	Shirt size	Pant size	Shoe size		
Interests:							
First name:						Wish List - Toys/other gifts: 1) 2) 3) 4) 5) 6)	Wish List - Clothes: 1) 2) 3) 4) 5) 6)
B	Age	Sex	Shirt size	Pant size	Shoe size		
Interests:							
First name:						Wish List - Toys/other gifts: 1) 2) 3) 4) 5) 6)	Wish List - Clothes: 1) 2) 3) 4) 5) 6)
C	Age	Sex	Shirt size	Pant size	Shoe size		
Interests:							
First name:						Wish List - Toys/other gifts: 1) 2) 3) 4) 5) 6)	Wish List - Clothes: 1) 2) 3) 4) 5) 6)
D	Age	Sex	Shirt size	Pant size	Shoe size		
Interests:							