

Holiday Giving Wish List 2018

Wish List forms are due NO later than Friday, November 2nd returned to LYSB, your School Principal, or Social Services.

Name	
Street	
Town - State – Zip	
Telephone(s)	May we leave a message?
Email Address	
Marital Status? Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	

I am the parent/guardian of all children listed on this form _____ Yes _____ No

All children listed on this form are residents of Lyme or Old Lyme _____ Yes _____ No

Total # of people in household? _____ Total # of Adults in household? _____ F _____ M Total # children in household? _____

Number of veterans in your home? _____ Number of elderly (65+) in home? _____ How do you heat your home? _____

Are you in need of diapers? If yes, what size (s) _____

Would you like information on any of the following programs?

- | | | |
|--|---|---|
| <input type="checkbox"/> FOOD PANTRIES IN MY AREA | <input type="checkbox"/> ENERGY ASSISTANCE | <input type="checkbox"/> SCHOOL MEALS (Hot Lunch) |
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> WIC (Women/ Infant/Children) | <input type="checkbox"/> HUSKY INSURANCE |
| <input type="checkbox"/> CARE FOR KIDS (daycare funds) | <input type="checkbox"/> WARM THE CHILDREN | |

To participate in this program you must be the parent and/or guardian of a child who is a resident of Lyme or Old Lyme. Please do not include extended family or friends. The program is designed to help your children who may not otherwise receive Christmas Gifts. Infants, toddlers, and children enrolled in the Lyme-Old Lyme Public Schools will be considered. Gifts are donated by wonderful volunteers from local organizations, churches, businesses, residents, and schools. Remember we cannot provide laptops, tablets, cell phones, and video equipment. Please be considerate of our volunteers by not asking for items that are extremely expensive or very difficult to find. A shopping list will be shared with our volunteers. All personal information will remain confidential. You will be contacted with pick up time when your package is ready. Gifts will not be wrapped.

For Questions about Receiving Gifts Please Contact:

Arleen Sharp, LYSB Parent Resource Supervisor

860-434-7208 x 207

email: asharp@lysb.org

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Please fill out this form carefully. Make sure sizes are correct indicating, slim, husky, style choice, etc.

CHILD # 1 F&L Name _____ DOB _____ Age ____ Grade ____ School: _____ M/F ____

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/Junior					
Men/Women's					

CHILD # 2 F&L Name _____ DOB _____ Age ____ Grade ____ School: _____ M/F ____

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/JR.					
Men/Women's					

Does your child have special needs that we should be aware of? If yes, please explain indicating child number above.

Any special instructions?

CHILD # 3 F&L Name _____ DOB _____ Age ___ Grade ___ School: _____ M/F ___

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/Junior					
Men/Women's					

CHILD # 4 F&L Name _____ DOB _____ Age ___ Grade ___ School: _____ M/F ___

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/Junior					
Men/Women's					

Does your child have special needs that we should be aware of? If yes, please explain indicating child number above.

Any special instructions?