

Holiday Giving Wish List 2019

Wish List forms are due NO later than Friday, November 8th returned to LYSB, your School Principal, or Social Services.

Street Town - State – Zip Telephone(s) May we leave a message? Email Address Marital Status? Single Married Separated Divorced Widowed 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	Name					
Telephone(s) May we leave a message?	Street					
Email Address Marital Status? Single Married Separated Divorced Widowed I am the parent/guardian of all children listed on this formYesNo All children listed on this form are residents of Lyme or Old LymeYesNo Total # of people in household? Total # of Adults in household? FM 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? FOOD PANTRIES IN MY AREA ENERGY ASSISTANCE SCHOOL MEALS (Hot Lunch)	Town - State – Zip					
Marital Status? Single Married Separated Divorced Widowed I am the parent/guardian of all children listed on this formYesNo All children listed on this form are residents of Lyme or Old LymeYesNo Total # of people in household? Total # of Adults in household? FM 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? FOOD PANTRIES IN MY AREA	Telephone(s)	M	ay we leave a message?			
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Are you in need of diapers? If yes, what size (s) Would you like information on any of the following programs? FOOD PANTRIES IN MY AREA	Total # of people in household? Total #	of Adults in household? FM	Total # children in household?			
Would you like information on any of the following programs? ☐ FOOD PANTRIES IN MY AREA ☐ ENERGY ASSISTANCE ☐ SCHOOL MEALS (Hot Lunch)	Number of veterans in your home? Numl	ber of elderly (65+) in home? How d	o you heat your home?			
FOOD PANTRIES IN MY AREA ENERGY ASSISTANCE SCHOOL MEALS (Hot Lunch)	Are you in need of diapers? If yes, what size (s)					
FOOD PANTRIES IN MY AREA ENERGY ASSISTANCE SCHOOL MEALS (Hot Lunch)						
	Would you like information on any of the following programs?					
☐ THANKSGIVING FOOD DRIVE ☐ WARM THE CHILDREN	SNAP (Food Stamps)	WIC (Women/ Infant/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	DO	B Age	Grade	School:	M/F
Please list gift id	eas your child would	like to receive. <u>I</u>	F you are reques	sting clothes, fill	out size chart belov	٧.
1		2		3		
1.		2		5		
_		_		_		
4		5		6		
Please provide s	ome information you	r child's likes, dis	likes, favorites,	& colors?		
	T	1	T	1	_	
Clathing sizes	T-Shirts or	Jeans or	Winter Coat	Winter Boots	Shoes or	
Clothing sizes Infant/Toddler	Sweatshirts	Sweat Pants			Sneakers	
Youth/Junior						
Men/Women's						
		•				
CHILD#2 F&L	Name	DO	B Age	Grade	School:	M/F
Please list gift id	eas your child would	like to receive. <u>I</u>	<u>F</u> you are reques	sting clothes, fill	l out size chart belov	V.
1		2		3		
4		5		6		
Please provide s	ome information you	r child's likes, dis	likes, favorites,	& colors?		
·	,	,				
	T-Shirts or	Jeans or	Winter Coat	Winter Boots	Shoes or	
Clothing sizes	Sweatshirts	Sweat Pants			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.



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CHILD#3 F&I	. Name	DOI	B Age	Grade	School:	M/F
Please list gift i	deas your child woul	d like to receive. <u>I</u> I	F you are reque	sting clothes, fill	out size chart be	low.
1.		2.		3.		
4		5		6		
	some information yo					
ricase provide	Joine Illianiania,	yar erma s inces, ais		a 5515131		
	T = 200	T.	I	T	Lai	
Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers	
Infant/Toddler					- Cricanore	
Youth/Junior						
Men/Women's						
CHILD # 4 F&I	. Name	DOI	B Age	Grade	School:	M/F
	. Namedeas your child woul					
Please list gift io	deas your child woul	d like to receive. <u>I</u>	F you are reque:	sting clothes, fill	out size chart be	
Please list gift io		d like to receive. <u>I</u>	F you are reque:	sting clothes, fill	out size chart be	low.
Please list gift in	deas your child woul	d like to receive. <u>I</u>	F you are reque	sting clothes, fill	out size chart be	low.
Please list gift in	deas your child woul	d like to receive. <u>I</u>	F you are reque:	sting clothes, fill	out size chart be	low.
Please list gift in 1	deas your child woul	d like to receive. <u>I</u>	F you are reque	sting clothes, fill 3 6	out size chart be	low.
Please list gift in 1	deas your child woul	d like to receive. <u>I</u>	F you are reque	sting clothes, fill 3 6	out size chart be	low.
Please list gift in 1	deas your child woul	d like to receive. <u>I</u>	F you are reque	sting clothes, fill 3 6	out size chart be	low.
Please list gift in 1	deas your child woul	d like to receive. <u>I</u>	F you are reque	sting clothes, fill 3 6	out size chart be	low.
Please list gift in 1. 4. Please provide Clothing sizes	deas your child woul	d like to receive. <u>I</u>	F you are requestions of the second s	sting clothes, fill 3 6 & colors?	out size chart be	low.
Please list gift in 1. 4. Please provide Clothing sizes Infant/Toddler	deas your child would	d like to receive. <u>I</u> 2 5 bur child's likes, dis	F you are requestions of the second s	sting clothes, fill 3 6 & colors?	out size chart be	low.
Please list gift in 1. 4. Please provide Clothing sizes	some information your Sweatshirts	d like to receive. <u>I</u> 2 5 bur child's likes, dis	F you are requestions of the second s	sting clothes, fill 3 6 & colors?	out size chart be	low.

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

Any special instructions?