

Holiday Giving Wish List 2020

Wish List due NO later than Friday, November 6th. Return to LYSB, or School, or online.

**SUBMIT FORM ONLINE at www.lysb.org/holidaygiving **

Name		
Street		
Town - State – Zip		
Telephone(s)	Ma	ay we leave a message?
Email Address		
Marital Status? Single ☐ Married ☐ Separa	ated Divorced Widowed	
I am the parent/guardian of all children listed		
Total # of people in household? Tota	l # of Adults in household? FM	Total # children in household?
Number of veterans in your home? Nu	mber of elderly (65+) in home? How do	you heat your home?
Do you need diapers? If yes, what size (s)	Has your family been financially affected	by COVID19? If yes, please explain:
Would you like	e information on any of the following	programs?
☐ FOOD PANTRIES IN MY AREA ☐ SNAP (Food Stamps) ☐ THANKSGIVING FOOD DRIVE	☐ ENERGY ASSISTANCE ☐ SCHOOL MEALS (Hot Lunch ☐ WIC (Women/ Infant/Children) ☐ HUSKY INSURANCE ☐ WARM THE CHILDREN	

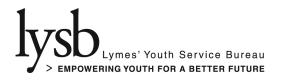
To participate in the Holiday Giving program you must be the parent and/or guardian of a child who is a resident of Lyme or Old Lyme. Please do not include extended family or friends. The program is designed to help your children who may not otherwise receive Christmas Gifts. Infants, toddlers, and children 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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CHILD # 1 F&L Name	DOB	Age Grad	e School:	M/F	
GIFT WISH LIST:					
1	2		3		
GIFT CARDS WISH LIST:					
1	2		3		
What are your child's likes, dislikes, favo	orites, & colors? IF yo	u requested clothe	es, what are the sizes?		
CHILD # 2 F&L Name	DOB	Age Grad	e School:	M/F	
GIFT WISH LIST:					
1	2		3		
GIFT CARDS WISH LIST:					
1	2		3		
What are your child's likes, dislikes, favorites, & colors? IF you requested clothes, what are the sizes?					
CHILD # 3 F&L Name	DOB	Age Grad	e School:	M/F	
GIFT WISH LIST:					
1	2		3		
GIFT CARDS WISH LIST:					
1	2		3		
What are your child's likes, dislikes, favorites, & colors? IF you requested clothes, what are the sizes?					