

## Holiday Giving Wish List 2020

Wish List due **NO** later than Friday, November 6<sup>th</sup>. Return to LYSB, or School, or online.

**\*\*SUBMIT FORM ONLINE at [www.lysb.org/holidaygiving](http://www.lysb.org/holidaygiving) \*\***

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? \_\_\_\_\_

Do you need diapers? If yes, what size (s) \_\_\_\_\_ **Has your family been financially affected by COVID19? If yes, please explain:**

### 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"/> THANKSGIVING FOOD DRIVE  | <input type="checkbox"/> 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](mailto:asharp@lysb.org)

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**CHILD # 1** F&L Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ 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?

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**CHILD # 2** F&L Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ 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?

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**CHILD # 3** F&L Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ 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?

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**Any special instructions? (use extra sheet if necessary)**