lysb Lymes' Youth Service Bureau
> EMPOWERING YOUTH FOR A BETTER FUTURE

Holiday Giving Wish List 2025

Wish List due NO later than Friday, November 7. Return to LYSB, School, or submit online.

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

Name
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 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) _____ **Special circumstances?:**

Would you like information on any of the following programs?

- ☐ FOOD PANTRIES IN MY AREA
- ☐ SNAP (Food Stamps)
- ☐ THANKSGIVING FOOD DRIVE
- ☐ ENERGY ASSISTANCE
- ☐ WIC (Women/ Infant/Children)
- ☐ WARM THE CHILDREN
- ☐ SCHOOL MEALS (Hot Lunch)
- ☐ HUSKY INSURANCE

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 ___ 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?

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?

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?

Any special instructions? (use extra sheet if necessary)