

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 **

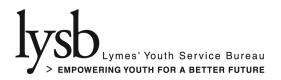
Name						
Street						
Town - State – Zip						
Telephone(s) May we leave a message?						
Email Address						
Marital Status? Single \square Married \square Separat	ed 🗆 Divorced 🗆 Widowed 🗆					
I am the parent/guardian of all children listed of all children listed on this form are residents of						
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?						
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 ☐ 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 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?						