

SIGNUP DEADLINE

NOV 10th

2016 HOLIDAY PROGRAM REGISTRATION

Thanksgiving p/u: Nov 21, Noon-6pm / Santa Fund p/u: Dec 14, 10am-5pm

PROGRAM SIGNUP LIST:

(Check all that apply)

(PLEASE PRINT)

Family Composition:

In Household; ADULTS # _____ CHILDREN # _____
(18 and under)

Today's Date: _____

Full Name: _____

Address: _____

Phone: _____ Alternate: _____

EMAIL: _____

PLACE A * BY BEST WAY TO REACH YOU

These programs are for income eligible New Milford families (under the age of 60). If you have not provided verification of income & residency to New Milford Social Services in 2016, you will need to do so within two weeks of registering for any programs.

THANKSGIVING: PREFERRED
_____ PICKUP, Mon 11/21 # _____
_____ DELIVERY Cooked Meal
(on Thanksgiving Day)

SANTA FUND Custodial parents
(Babies thru H.S.) -PICKUP, 12/20

SIBLING SHOPPING:
(Age 2 thru H.S.) Fri, 12/9 or Sat, 12/10
PREFERRED appointment time
Fri (3:30 pm - 6 pm) Time: _____
Sat (11:00 am - 2 pm) Time: _____

DISABLED Adult Gift Card
(Indiv. w/o children)-pickup 12/22 # _____
Store Pref.: _____

CHILD #1 Santa Fund Sibling Shopping

ASSIGNED FAMILY Number: _____ **A**

First Name: _____ Age: _____ Sex: _____ **NO GIFT CARDS UNDER AGE 12**

Wish List Item (under \$50) _____

Something to Read: _____

Something to Wear: _____

Pant Size: _____ Shirt Size: _____ (Child / Junior / Adult)

General Likes: _____ Dislikes _____

CHILD #2 Santa Fund Sibling Shopping

ASSIGNED FAMILY Number: _____ **B**

First Name: _____ Age: _____ Sex: _____ **NO GIFT CARDS UNDER AGE 12**

Wish List Item (under \$50) _____

Something to Read: _____

Something to Wear: _____

Pant Size: _____ Shirt Size: _____ (Child / Junior / Adult)

General Likes: _____ Dislikes _____

CHILD #3 Santa Fund Sibling Shopping

ASSIGNED FAMILY Number: _____ **C**

First Name: _____ Age: _____ Sex: _____ **NO GIFT CARDS UNDER AGE 12**

Wish List Item (under \$50) _____

Something to Read: _____

Something to Wear: _____

Pant Size: _____ Shirt Size: _____ (Child / Junior / Adult)

General Likes: _____ Dislikes _____

OFFICE USE ONLY: Santa Fund: XCEL Database
Sibling Shopping: XCEL Database
Disabled Adult: XCEL Database
Thanksgiving: XCEL Database

CLIENT ID

SIBLING Shopping

Date: _____ Time: _____

SW

Income Verified

Approval Date