

This box for school use only



Hood County Christmas for Children, Inc.

A Non-Profit Organization

P.O. Box 681, Granbury, TX 76048

Phone: 817-500-0132 (leave a message)

- Eligible children include all Hood County children from families in need
- All spaces must be completed
- Please return this completed form to your child's school, Head Start, Child Protective Services, Mission Granbury, People Helping People, Ruth's Place Clinic or Christmas for Children

APPLICATIONS MUST BE RETURNED BY November 3, 2017

(NO LATE APPLICATION WILL BE ACCEPTED)

One Application for Each Family

YOU WILL RECEIVE AN ACCEPTANCE NOTICE. Address must match current school records.

Please Print.

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Zip Code _____

Other Contact Person: _____ Phone: _____

ALL GIFTS ARE DONATIONS

Every attempt will be made to fulfill your child's request. Please help your child understand if that doesn't happen.

Tricycles or bicycles will not be purchased for children under 3 years of age.

Child #1: _____ Age: _____ Sex: _____

Child's Date of Birth: _____ School: _____

Clothing Sizes (Indicate child or adult size) Pant: _____ Shirt: _____ Shoe: _____

Gift Suggestions: 1) _____ 2) _____ 3) _____

Child #2: _____ Age: _____ Sex: _____

Child's Date of Birth: _____ School: _____

Clothing Sizes (Indicate child or adult size) Pant: _____ Shirt: _____ Shoe: _____

Gift Suggestions: 1) _____ 2) _____ 3) _____

Add more children on the back of this page.....

Child #3: _____ Age: _____ Sex: _____

Child's Date of Birth: _____ School: _____

Clothing Sizes (Indicate child or adult size) Pant: _____ Shirt: _____ Shoe: _____

Gift Suggestions: 1) _____ 2) _____ 3) _____

Child #4: _____ Age: _____ Sex: _____

Child's Date of Birth: _____ School: _____

Clothing Sizes (Indicate child or adult size) Pant: _____ Shirt: _____ Shoe: _____

Gift Suggestions: 1) _____ 2) _____ 3) _____

Child #5: _____ Age: _____ Sex: _____

Child's Date of Birth: _____ School: _____

Clothing Sizes (Indicate child or adult size) Pant: _____ Shirt: _____ Shoe: _____

Gift Suggestions: 1) _____ 2) _____ 3) _____

Child #6: _____ Age: _____ Sex: _____

Child's Date of Birth: _____ School: _____

Clothing Sizes (Indicate child or adult size) Pant: _____ Shirt: _____ Shoe: _____

Gift Suggestions: 1) _____ 2) _____ 3) _____

I authorize Christmas for Children to work with other charitable organizations to verify and establish eligibility.

Parent/Guardian

Relation to Children

Date

DISTRIBUTION DAY IS DECEMBER 13, 2017

Courts Cleveland Building at Hood County Reunion Grounds