

## Holiday Giving Wish List 2017

To participate in this program your child must be a resident of Lyme or Old Lyme. 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. Please do not include extended family or friends. Gifts are donated by wonderful volunteers from local organizations, churches, businesses, residents, and schools. Remember we cannot provide laptops, tablets and video equipment. Please be considerate of our volunteers by not asking for items that are extremely expensive or very difficult to find. Only 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. Please read and return all three pages.

**Wish List forms are due NO later than Friday, November 3rd returned to LYSB, your School Principal, or Social Services.**

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"/>	

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? \_\_\_\_\_

**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"/> CARE FOR KIDS (daycare funds) | <input type="checkbox"/> WARM THE CHILDREN            |   |

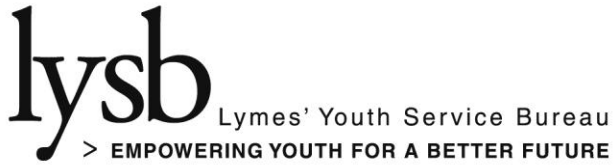
**PARENTS AS TEACHERS**

Parents with children up to age five and expectant parents in the towns of Lyme and Old Lyme have the opportunity to participate in one of the nation's most successful early childhood programs. This voluntary program, for which there is *no additional charge*, provides parents with the information and support they need to give their child the best possible start in life. The program is based on the philosophy that parents are their children's first and most influential teachers. Parents learn new ways to foster their child's language, physical, intellectual, curiosity and social skills. Developmental screenings in your home are also available.

YES, I am interested in information about:

- GROUP or PERSONAL VISITS from Parents As Teachers
- ASQ3 SCREENINGS

**Are you in need of diapers?** If, yes what size(s) \_\_\_\_\_



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returned to LYSB, your School Principal, or Social Services.**

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)

*Please fill out this form carefully. Make sure sizes are correct indicating, slim, husky, style choice, etc.*

**CHILD # 1** F&L Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School: \_\_\_\_\_ M/F \_\_\_

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/Junior					
Men/Women's					

**CHILD # 2** F&L Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School: \_\_\_\_\_ M/F \_\_\_

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/JR.					
Men/Women's					

## Holiday Giving Wish List 2017

**CHILD # 3** F&L Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School: \_\_\_\_\_ M/F \_\_\_

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/Junior					
Men/Women's					

**CHILD # 4** F&L Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School: \_\_\_\_\_ M/F \_\_\_

Please list gift ideas your child would like to receive. **IF** you are requesting clothes, fill out size chart below.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please provide some information your child's likes, dislikes, favorites, & colors?

Clothing sizes	T-Shirts or Sweatshirts	Jeans or Sweat Pants	Winter Coat	Winter Boots	Shoes or Sneakers
Infant/Toddler					
Youth/Junior					
Men/Women's					

**Does your child have special needs that we should be aware of? If yes, please explain indicating child number above.**

**Any special instructions?**