



Angel Holiday Program 2009

Parent/Guardian Name: _____ Phone: _____ Cell/Work #: _____
(THIS IS THE PERSON THE CHILDREN LIVE WITH AND YOU MUST PROVIDE A CONTACT NAME AND TELEPHONE NUMBER. WE NEED TO BE ABLE TO CALL YOU)

Address: _____ City: _____ Zip: _____
(YOU MUST PROVIDE A PHYSICAL ADDRESS, NOT A PO BOX #)

If you move after completing this form, please call Randi Davis at 469-633-6861 or email davisran@friscoisd.org. You may only sign up for one program. For example, if you are a client of Frisco Family Services your family does not qualify for the Angel program.

Angel information: Child must be 15 yrs old or under Clothing Sizes: Indicate child or adult sizes Please be **REASONABLE** with your wish

Child's Name	Boy or Girl	Age	School	Pant Size	Shirt Size	Shoes Size	Coat Size	Under-wear	Need clothing, shoes, special need.	Wish list up to 3 items that are reasonably priced. A SPECIAL need may be listed.

This section MUST be completed for consideration in the Angel Program:

Number of people living in your home: _____ Household income: _____

Please explain the reason you need help with Holiday gifts this year:

Please circle a day and time you can pick up your gifts from Small World:

Saturday, December 19: 10am -12pm, 12-2pm, 2-4pm, or 4-6pm

OR

Sunday, December 20: 1 -3 pm, 3-5 pm, 5-7pm