



Dear Parents and Guardians,
 Once again this year, St. Peter's Lutheran Church and the Lincoln-Central Neighborhood Family Center are sponsoring Angels of Love holiday gift program and would like for your child to participate. By providing the information on the form below, your child will receive at least two free gifts for Christmas.

You may fill out one form for every child in your household up to age 18 (if the 18 year old is still in high school). Requests may include three items of your child's choice (please be specific). Your child may/may not receive the specific items listed. Please return forms to the LCNFC at 1039 Sycamore Street (drop off or mail) no later than October 31. You may only register your child for one holiday gift assistance program in Bartholomew County.

Gifts will be distributed on the afternoon of Sunday, December 15 at St. Peter's Lutheran Church. Exact times will be mailed to you in early December. Please mark your calendars to hold that date to pick up gifts!

Holiday Food Visits! Love Chapel is making it even easier on how the holiday food baskets will be distributed this year. **NO PREREGISTRATION NECESSARY!** Dates and locations for the Holiday Food Visit will be mailed to you in early December with your Angels of Love gift pick-up notice.

Angels of Love

If you have any questions, please call the LCNFC at (812) 379-1630!

In order for more families to receive holiday assistance this year, participants will be registered with the Community Holiday Assistance Program. This may affect your child's participation in other holiday assistance programs. By registering your child for this program, you are granting us your permission to share this information. We will NOT publish this list or reveal the identification of any participants to any other organization. Additionally, by signing below you agree to release and forever discharge LCNFC, St. Peter's and/or donors from any liability, claim, action or cause of action that you or dependents in your care may have by reason of any injury you may receive from gifts received and hold the above harmless and free from any action or omission to act.

↓ Please **PRINT** in blanks below... ↓

Parent/Guardian Name		
Parent/Guardian Signature		
Address		
Contact Phone Numbers (list two)	Primary:	Secondary:
Parent/Guardian Date of Birth		
How many people reside in your home?		
NAMES of adults residing in your home		
Child's First AND Last Names		
Male/Female		
Date of Birth:		Age:
School child attends (if in school)		
Three special wishes (If requesting clothing— INCLUDE SIZES! Please keep requests to under \$25 per item.)		
1. _____		
2. _____		
3. _____		

Additional forms for other children (under age 18) in your house are on the other side of this page!



Child's First AND Last Names	
Male/Female	
Age	
Date of Birth	
School child attends (if in school)	
Three special wishes (<u>If requesting clothing—INCLUDE SIZES!</u>) Please keep requests to under \$25 per item.)	
1.	
2.	
3.	



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Male/Female	
Age	
Date of Birth	
School child attends (if in school)	
Three special wishes (<u>If requesting clothing—INCLUDE SIZES!</u>) Please keep requests to under \$25 per item.)	
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