

**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 think it seems early to start thinking about Christmas, but we bet your kids already have a list started!

You may fill out one form for every child in your household up to age 18. Requests may include three items of your child's choice (please be specific). Your child may/may not receive the specific items listed. Space is limited. Please return forms to the LCNFC at 1039 Sycamore Street (drop off or mail). Forms should be turned in by October 31. You may only register your child for one holiday gift assistance program in Bartholomew County.

Gifts will be distributed Sunday, December 11 at St. Peter's Lutheran Church. Check-in begins at 1:30 p.m. *Please mark your calendars!* 

Additionally—by registering you are eligible to receive a <u>free holiday food visit</u> <u>from Love Chapel!!!</u> This is in addition to a regular monthly visit. Dates and locations for the Holiday Food Visit will be mailed to you in early December.

## 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, <u>participants will be registered with the Community Holiday Assistance Program.</u> 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 <u>signing below you agree to release and forever discharge LCNFC, St. Peter's and/or donors</u> 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.

## <u>+</u>

Please <u>PRINT</u> in blanks below...

_	
	•

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



Child's Name	
Male/Female	
Age	
Date of Birth	
Three special wi	ishes (If requesting clothing—INCLUDE SIZES!) Please keep requests to under \$25 per item.)
1.	
2.	
3.	

## Angels of Love

Child's Name	
Male/Female	
Age	
Date of Birth	
Three special w	ishes (If requesting clothing—INCLUDE SIZES! Please keep requests to under \$25 per item.)
1.	
2.	
3.	

## Angels of Love

Child's Name	
Male/Female	
Age	
Date of Birth	
Three special wi	ishes (If requesting clothing—INCLUDE SIZES!) Please keep requests to under \$25 per item.)
1.	
2.	
3.	
	·