

Christmas For Kids 2025 APPLICATION

Read Instructions before beginning. Submit application by November 15.

Parent(s) or Guardian(s) Living in the home		
Home Address	City	
Primary Phone #	Alternate Phone #	
Email:		
Preferred contact method (choose at least one) <input type="checkbox"/> text <input type="checkbox"/> email <input type="checkbox"/> call		

Child's first name	Child's last name	Name of pre-school (if applicable) or K-12 school for age 5-18

(for more than 4 children, see Instructions)

By typing my name below, I acknowledge the following:

- ✓ I have read the Instructions and saved them for future reference;
- ✓ The information on this application is true and correct;
- ✓ CFK will share the first names of my children with program sponsors;
- ✓ I will provide proof of residence in the Moscow School District when requested;
- ✓ I do not have any other means to provide a nice Christmas for my family.

Parent/Guardian Name: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

#	Received date: Verified by: Sponsor:
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Christmas for Kids 2025

First name:						Wish List - Toys/other gifts:	Wish List - Clothes:
A	Age	Sex	Shirt size	Pant size	Shoe size	1)	1)
						2)	2)
Interests:						3)	3)
						4)	4)
						5)	5)
						6)	6)
First name:						Wish List - Toys/other gifts:	Wish List - Clothes:
B	Age	Sex	Shirt size	Pant size	Shoe size	1)	1)
						2)	2)
Interests:						3)	3)
						4)	4)
						5)	5)
						6)	6)
First name:						Wish List - Toys/other gifts:	Wish List - Clothes:
C	Age	Sex	Shirt size	Pant size	Shoe size	1)	1)
						2)	2)
Interests:						3)	3)
						4)	4)
						5)	5)
						6)	6)
First name:						Wish List - Toys/other gifts:	Wish List - Clothes:
D	Age	Sex	Shirt size	Pant size	Shoe size	1)	1)
						2)	2)
Interests:						3)	3)
						4)	4)
						5)	5)
						6)	6)