

Family # _____

LEDYARD YOUTH & SOCIAL SERVICES 2018 ADOPT-A-FAMILY & HOLIDAY FOOD BASKET REGISTRATION FORM



HOLIDAY PROGRAM REGISTRATION DEADLINE IS: **MONDAY, DECEMBER 3, 2018**

YOU MUST RETURN YOUR COMPLETED REGISTRATION BY THE DEADLINE TO QUALIFY.

Holiday registrations must be filled-out completely and printed clearly.

Head of Household Name: _____
Last Name First Name

Address: _____ Ledyard / Gales Ferry (Circle One)
Street # Street Name

_____ Home Phone Number Cell Phone Number Work Phone Number

I / We give permission to be "Adopted" for children's gifts: ____ yes ____ no
If "yes", please complete the "Wish List" provided for each child.

I / We would like to receive a Holiday Food Basket: ____ yes ____ no

If you cannot pick-up your food basket or Adopt-a-Family gifts, please plan to have someone in your place pick it up for you. Please let Social Services know the name of the person that will be picking up for you. We do not have the capacity to store perishable basket items or gifts.

PICK-UP DATE / TIME:
TUESDAY, DECEMBER 18TH, 2018 1:00PM TO 4:00PM
LEDYARD CONGREGATIONAL CHURCH
722 COLONEL LEDYARD HIGHWAY



****Please mark this date on your calendars! You will NOT receive a reminder from Social Services. ****
Please call 860-464-3222 if you have any questions.

RELEASE OF CONFIDENTIALITY:

I/We understand and agree that the Holiday Programs are possible through community member's time and donations. I / We hereby release the Town of Ledyard, its' agents and volunteers from all liability regarding my participation in the Holiday Programs, as members of the community will be assisting with the Food Baskets and Adopt-a-Family Program.

Head of Household/Applicant's Signature

Date