



ANGEL TREE APPLICATION

PARENT(S) Full Name: _____

Address: _____

Phone: _____

First & Last Names of ALL children living at this address:

Child's Name: _____ Age by Christmas: _____ Sex: _____

Sizes: Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Circle one for size: Toddler, Child, Junior, Adult Favorite Color: _____

Child's Interests: _____

Child's Name: _____ Age by Christmas: _____ Sex: _____

Sizes: Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Circle one for size: Toddler, Child, Junior, Adult Favorite Color: _____

Child's Interests: _____

Child's Name: _____ Age by Christmas: _____ Sex: _____

Sizes: Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Circle one for size: Toddler, Child, Junior, Adult Favorite Color: _____

Child's Interests: _____

Child's Name: _____ Age by Christmas: _____ Sex: _____

Sizes: Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Circle one for size: Toddler, Child, Junior, Adult Favorite Color: _____

Child's Interests: _____

Are all children residents of the Central Decatur School District: _____