



ANGEL TREE APPLICATION

PARENT(S) Full Name: _____

Address: _____

Phone: _____

Children must be under the age of 18.

First name of ALL children living at this address:

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

Sizes: Youth or Adult Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Favorite Color: _____

Child's Interests: _____

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

Sizes: Youth or Adult Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Favorite Color: _____

Child's Interests: _____

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

Sizes: Youth or Adult Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Favorite Color: _____

Child's Interests: _____

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

Sizes: Youth or Adult Shirt: _____ Pants: _____ Undergarments/Diapers: _____

Favorite Color: _____

Child's Interests: _____

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