Cardinal Christmas



It's that time of year already!

Cardinal Christmas applications will be accepted from October 9 until November 2, 2026. **Late applications will not be accepted**. Please return to the Fort Ann Elementary office.

If you would like to donate to Cardinal Christmas in Fort Ann or adopt a family, please fill out the information below and return it to the school.

We wish you a wonderful holiday season!!

Name: _____

Address: _____

_____

Phone #_____

I would like to:

_____Donate money

_____Adopt a Family

_____ I would like to receive support

Cardinal Christmas Application 2026

Please complete this application and return it to the school no later than **November 2, 2026.** Thank you!

Parent's/Guardian's Names:_____

Address:_____

Telephone Number:_____

Household Members	Relationship	Sex	Age	Grade/Teacher	Employed
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N

The following financial information must be filled in, or we cannot consider your application.
Please use an additional sheet if necessary

ALL INCOME MUST BE REPORTED FOR EVERYONE IN THE HOUSEHOLD

Monthly Household Income:

Wages: _____ Unemployment: _____ Disability: _____
Social Security:_____ Social Services:_____ SSI:_____
SSD:_____ VA Benefits:_____ Any Other (i.e. child support):_____
HEAP: _____

Do You Receive WIC (Y or N) or Food Stamps (Y or N)

Does your child receive Free Lunch:_____ Reduced Lunch:_____

If you receive Public Assistance and have a caseworker, please provide their name so that we can verify your need._____

May we also have your written consent to contact your caseworker?

I give Fort Ann Central School my permission to discuss my case with my caseworker to verify my need to obtain assistance with Christmas.

Signature_____ Date_____

Why do you feel you need help in providing a Christmas for your children?

_____

Have you applied for help from any other organizations for **Christmas 2026** (such as Salvation Army, Marine Corps, Adopt-a-Family, Operation Santa Claus, etc.) Yes_____ No_____

Which organization:_____

I confirm that the information on this application is true. I give permission to Fort Ann Central School to verify any of these statements and to disclose any information relative to my assistance request with other agencies providing assistance. I also certify that I will not apply to any other agency which would duplicate this particular service.

Signature _____ Date _____

Child's Name:	Child's Age: Boy or Girl (circle one)
Pant Size (Please Circle One) Mens 30 32 33 34 36 38 40 Other: Boys 5 6 8 10 12 14 Other: Girls 5 6 8 10 12 14 Other: Ladies 0 2 4 6 8 10 12 14 Other:	Special Items: (please list any items your child may be interested in. Toys, games, clothes, etc.) _____ _____ _____ _____ _____ _____ _____
Shirt Size (Please give Specific Size) Mens: _____ Ladies: _____ Boys: _____ Girls: _____	**Does Your Child Need: (Please circle all that apply)** Winter Jacket Snow Pants Boots
Shoe Size:	Sock Size:

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