

# PROJECT NOEL 2026

## Application Form

For Office use

Family # \_\_\_\_\_

Name (First & Last): \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Are your children receiving free lunches through the National School Lunch Act? Yes ☐ No ☐

Are you currently receiving assistance through the Defiance County WIC Program? Yes ☐ No ☐

Names (First and Last) and ages of all ADULTS (over 18) who reside at this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Family Information that we should know:

Please list only those children (age 0-18) who live at this address most of the time.

Child 1 Name \_\_\_\_\_ Age: \_\_\_\_\_ Boy ☐ Girl ☐  
School \_\_\_\_\_ Grade \_\_\_\_\_

Pant: Child Size \_\_\_\_\_

Men's Size Waist \_\_\_\_\_ / Length \_\_\_\_\_

Female Size \_\_\_\_\_

Toys/Activities enjoyed by child: (no gift card requests or gaming systems)

Shirt: Child Size \_\_\_\_\_

Adult Size \_\_\_\_\_

Other Clothing Needs With Sizes: (include diaper size)

Team child likes: (optional) \_\_\_\_\_

Child 2 Name \_\_\_\_\_ Age: \_\_\_\_\_ Boy ☐ Girl ☐  
School \_\_\_\_\_ Grade \_\_\_\_\_

Pant: Child Size \_\_\_\_\_

Men's Size Waist \_\_\_\_\_ / Length \_\_\_\_\_

Female Size \_\_\_\_\_

Toys/Activities enjoyed by child: (no gift card requests or gaming systems)

Shirt: Child Size \_\_\_\_\_

Adult Size \_\_\_\_\_

Other Clothing Needs With Sizes: (include diaper size)

Team child likes: (optional) \_\_\_\_\_

**Child 3** Name \_\_\_\_\_ Age: \_\_\_\_\_ Boy ☐ Girl ☐  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Pant:** Child Size \_\_\_\_\_  
Men's Size Waist \_\_\_\_\_ / Length \_\_\_\_\_ Toys/Activities enjoyed by child: (no gift card requests or gaming systems)  
Female Size \_\_\_\_\_

**Shirt:** Child Size \_\_\_\_\_  
Adult Size \_\_\_\_\_

Other Clothing Needs With Sizes: (include diaper size)

Team child likes: (optional) \_\_\_\_\_

**Child 4** Name \_\_\_\_\_ Age: \_\_\_\_\_ Boy ☐ Girl ☐  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Pant:** Child Size \_\_\_\_\_  
Men's Size Waist \_\_\_\_\_ / Length \_\_\_\_\_ Toys/Activities enjoyed by child: (no gift card requests or gaming systems)  
Female Size \_\_\_\_\_

**Shirt:** Child Size \_\_\_\_\_  
Adult Size \_\_\_\_\_

Other Clothing Needs With Sizes: (include diaper size)

Team child likes: (optional) \_\_\_\_\_

**Child 5** Name \_\_\_\_\_ Age: \_\_\_\_\_ Boy ☐ Girl ☐  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Pant:** Child Size \_\_\_\_\_  
Men's Size Waist \_\_\_\_\_ / Length \_\_\_\_\_ Toys/Activities enjoyed by child: (no gift card requests or gaming systems)  
Female Size \_\_\_\_\_

**Shirt:** Child Size \_\_\_\_\_  
Adult Size \_\_\_\_\_

Other Clothing Needs With Sizes: (include diaper size)

Team child likes: (optional) \_\_\_\_\_

**Please list household items your family may need: (specific needs)**

\*\*\*\*\* I certify that I have read this application, (or it was read to me) and that the information I have provided is true and correct to the best of my knowledge. By submitting this application, I give permission for **PROJECT NOEL 2026** to share this information with the local churches and/or organizations working to assist my family this Christmas.

Please email this form BEFORE November 15<sup>th</sup> to - [projectnoel@yahoo.com](mailto:projectnoel@yahoo.com)

If you are unable to email the form please send it to:

Project Noel 2026  
Bethlehem Lutheran Church  
30997 Gerken Road  
Defiance, OH 43512