



IFCS STAFF USE:	Fam# _____	P# _____
IA: _____	DE: _____	QC: _____ IFCS DB: _____
File Name:		

The Mother's Day program provides you with a food basket and special gift to celebrate your contribution to your family. If you are interested in participating in the program, please fill out the form below. Please print all information. **Enrollment is limited, so signing up for the program does not guarantee that you will receive the program.**

Contact Information			
Name (Please print)	First Name:	Last Name:	
Street Address:	Circle one: St. Ave. Pkwy. Blvd. CT. Pl. Rd. Cir. Dr. Way. Ln. Hwy.		
Phone:	Home:	Work:	Message/Cell:
Email	Alternate Contact Name:		Alternate Contact Phone:

First and Last Name of All Children Under 18	M/F	Age
a.		
b.		
c.		
d.		
e.		



IFCS USE ONLY
NOTES

- Enrollment is limited, so signing up for the program does not guarantee that you will receive the program.
- I understand that failure to pick up basket items could prohibit me from future participation in this program.
- I give IFCS permission to take photographs to of me and/or my family to use in IFCS materials and publications.

Signature _____

Date _____