



Holiday Program Registration

IFCS STAFF USE:	FAM# _____	P# _____
FILE NAME:		

Check the box of the program you are interested in: Thanksgiving Food Basket Winter Holiday Food & Gift

All families interested in holiday programs are to complete the following contact information questions:

FIRST NAME:	LAST NAME:		
STREET ADDRESS:	APT #:	CITY:	ZIP:
CELL/HOME:	EMAIL:		
ALTERNATIVE CONTACT NAME:	ALTERNATE CONTACT PHONE:		

Families interested in the Winter Holiday Gift Program, complete the following:

STAFF Q/C	FAMILY MEMBERS' FIRST NAME	GENDER	AGE	M B W JR. G	SHIRT SIZE	PANT SIZE	FAVORITE COLOR	GIFT IDEAS (2 GIFTS UNDER \$30)
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							

- ✓ I understand that failure to pick up items will prohibit me from future participation in the Integrated Family Community Services (IFCS) program.
- ✓ I give permission to IFCS to provide above information to program sponsors. I understand that the sponsor may not provide all of the requested items.
- ✓ I give IFCS permission to take photographs, upon guardian's verbal consent, to use in IFCS materials and publications.
- ✓ I attest that my household's gross monthly income is within IFCS limits and that the children listed are in my care.

Signature _____

Date _____