**PLEASE PRINT**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ THESE RULES:**

* **ALL INFORMATION MUST BE FILLED OUT COMPLETELY FOR APPLICATION TO BE REVIEWED.**
* **BY FILLING OUT THIS APPLICATION, IT DOES NOT GUARANTEE YOUR CHILD WILL RECEIVE TOYS.**
* **A COMMITTEE WILL REVIEW THE APPLICATIONS AND SOMEONE WILL CALL AND INFORM YOU IF YOUR CHILD HAS BEEN SELECTED.**
* **MUST LIVE WITHIN THE FIVE-MILE RADIUS THAT HARTSVILLE FIRE DEPARMENT COVERS TO APPLY.**

Mother’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (No PO Box): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Name | Age | Sex | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please Answer the Following Questions Honestly:

Are you a single parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you getting child support? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you on any Government Programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you getting any help from another organization (including the school your child(ren) attend) during this Christmas season? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then what organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has HFD helped you in previous years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what year? \_\_\_\_\_\_\_

Do you have working smoke detectors in your home? \_\_\_\_\_ Yes \_\_\_\_\_ No