



CHRISTMAS TOY APPLICATION (AGES 2-10 YEAR OLDS)

PLEASE PRINT

Date: _____

PLEASE READ AND INITIAL BESIDE 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 DEPARTMENT 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(s)? _____

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