

Wish List

Christmas Gift Giving Program

Please fill out a wish list for EACH child in the household.

~ Feel free to make copies if needed ~

Parent/Guardian **LAST** Name Only: _____

Wish List Information: Please list 3 items for each category.

This program is for children enrolled in the FREE lunch program in the ELANCO School District only.

Child's Name: _____

Age: _____ **Gender:** _____ **Grade:** _____

School: GSHS GSMS Blue Ball Brecknock New Holland

Special Needs: (anything helpful for shoppers) _____

Basic Information: Please be as specific as possible it is helpful for shoppers.

Top Size: _____ Pant Size: _____

Coat Size: _____ Shoe Size: _____

Favorite Color: _____ Reading Level: _____

Three Needs: (use back if more space is needed)

1. _____
2. _____
3. _____

Three Wants: (please keep each request at/under \$50)

1. _____
2. _____
3. _____

Books or Magazines: (include author if possible)

1. _____
2. _____
3. _____

Special Requests: (special needs; diaper size; etc.) _____

**Disclaimer: While we would like to meet every need for each family, we simply are not able to satisfy all requests given. Thank you for your kind understanding in this area as we do all we can to make this Christmas season brighter!*