

Wish List

Christmas Gift Giving Program

#

For Staff Use Only

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.

Please note this program is for families **regularly enrolled in the **FREE** lunch program in the ELANCO School District only and/or those **financially** effected by COVID-19.*



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 our shoppers.

Top Size: _____ Pant Size: _____

Coat Size: _____ Shoe Size: _____

Favorite Color: _____ Reading Level: _____

Some Things to Wear: (use back if more space is needed)

1. _____
2. _____
3. _____

Some Things I Need: (use back if more space is needed)

1. _____
2. _____
3. _____

Some Things I Want: (please keep each request at/under \$50)

1. _____
2. _____
3. _____

Some Things to Read: (book or magazine & include author if possible)

1. _____
2. _____
3. _____

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