



EFCS Staff Use Only	
Date Rec'd:	_____
Date Processed:	_____

2018 Adopt-A-Family Program

1. Family Information

Family's Name: _____ Address: _____

City _____ State _____ Zip Code: _____ Phone: _____

Parent 1: Name _____ Parent 2: Name _____

Names and ages of children (Ages 0-17):

1. _____ 2. _____

3. _____ 4. _____

2. Please list 2-3 items that you would like to be blessed with for Christmas (Must include sizes for any clothing items and/or shoes listed. Please hand write any additional children and ages above, along with the child # and their items below):

Bless List

Parent 1:

1. _____
2. _____
3. _____

Parent 2:

1. _____
2. _____
3. _____

Child 1:

1. _____
2. _____
3. _____

Child 2:

1. _____
2. _____
3. _____

Child 3:

1. _____
2. _____
3. _____

Child 4:

1. _____
2. _____
3. _____

I certify that I am the parent or legal guardian of all children listed above.

Parent/Guardian Signature

Parent/Guardian Signature

Community Center Use ONLY: Representative

Location: _____

Date Rec'd _____