

2019 Christmas Unlimited Back To School Program Application

(2)

You must bring proof of your child's birth date and ID when you pick up the school supplies. Almost any document will do, or a note from an agency or school.

PARENTS MUST BRING ID FOR THEMSELVES ALSO

Child's Last Name: _____ Child's First Name: _____

School Grade This Year: _____ School Name: _____ District #: _____

Child's Last Name: _____ Child's First Name: _____

School Grade This Year: _____ School Name: _____ District #: _____

Child's Last Name: _____ Child's First Name: _____

School Grade This Year: _____ School Name: _____ District #: _____

Child's Last Name: _____ Child's First Name: _____

School Grade This Year: _____ School Name: _____ District #: _____

Child's Last Name: _____ Child's First Name: _____

School Grade This Year: _____ School Name: _____ District #: _____

List additional children on another piece of paper and attach to this page

CONTACT INFORMATION

Christmas Unlimited

2204 East Boulder St.

Colorado Springs, CO 80909

Tel: (719) 597-1821 * Fax: (719) 597-2181

Email: cuhq@hotmail.com

Website: www.christmasunlimited.com

Charity Review available at: southerncolorado.bbb.org



2019 Christmas Unlimited Back To School Program Application (1)

PARENT / FOSTER PARENT / GUARDIAN INFORMATION

(Please read application carefully and fill out as required)

Application Deadline
July 29th 2019

Parent or Guardian's Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone #: _____

Email Address: _____ Cell Phone #: _____

*** If you do not receive your Text or E-mail by August 2nd 2019 *
Please Call (719) 597-1821**

This is not a ticket to pick up school supplies. You will receive notice by phone, Email or text when you may pick up the school supplies.

*** It is very important that you give us your current working phone number and /or your E-mail address. ***

I verify that I am the parent, foster parent or legal guardian of the child/children, listed on the back of this application.
That to the best of my knowledge this is the only application submitted.

Date: ____/____/____

* Signature: _____

Distributed by

Christmas Unlimited

Agency Representative : _____ Telephone #: () - _____

Review

of Children: _____

Reviewed By: _____

Scheduled By: _____

Input Date: _____

For Christmas Unlimited Office Use Only

_____ Date Received

Attach Scheduling Label Here

Do not schedule application if it is missing vital information.

Missing information

___ Parent's Name

___ Child's Name

___ School Name

___ District Number

List children on the back of this form.