

STAR #	
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GUARDIAN'S NAME: _____ **# KIDS IN FAMILY:** _____

CHRISTMAS GIFT WISH APPLICATION

Child's Name:	
Child's age:	
Gender:	Boy or Girl
School:	
Gift Pick up date:	

Do you allow toy guns (ex. Nerf): Y/N

Child's Favorite Color is: _____

Favorite hobbies and activities: _____

Child's biggest wish for Christmas: _____

List 3 toys or items your child would like for Christmas (Gifts listed should be age appropriate):

1. _____
2. _____
3. _____
4. _____

Clothing Sizes (please include if infant, toddler, child, junior or adult sizes):

Pants:

Shirts:

Jacket:

Dress:

Shoes/Boots/Socks: