

MFCC Holiday Assistance 2022

All of the following information needs to be filled out in order for this form to be processed. This side of the form is CONFIDENTIAL. Only the back side (the wish lists) will be sent to the "adopters", along with the family number we assign to you. This is a donor sponsor program, we cannot guarantee what your family's "adopters" will buy.

This form must be back to MFCC BY **THURSDAY, DECEMBER 1, 2022.**

HEAD OF HOUSEHOLD:

Head of Household Name: _____

Phone Number: _____



Children in your household 18-years and younger

First Name	Last Name	Gender Identity	Date of Birth (MM/DD/YY)

MFCC Staff Only:

Family # _____

Intake form in Trax

Family # _____

Child #1- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:

Child #2- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:

Child #3- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:

Child #4- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:

Family # _____

Child #5- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:

Child #6- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:

Child #7- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:

Child #8- Age: _____

Gender: _____

Child sizes: Shirt: _____ Pants: _____ Shoes: _____

Favorite Color: _____

Child's Wishlist:
