

Family # \_\_\_\_\_

# LEDYARD YOUTH & SOCIAL SERVICES

## 2019 ADOPT-A-FAMILY REGISTRATION FORM



ADOPT-A-FAMILY REGISTRATION DEADLINE IS: **TUESDAY, DECEMBER 3, 2019**

YOU MUST RETURN YOUR COMPLETED REGISTRATION BY THE DEADLINE TO QUALIFY.

*Registration form must be filled-out completely and printed clearly.*

**Head of Household Name:** \_\_\_\_\_  
Last Name First Name

**Address:** \_\_\_\_\_ **Ledyard / Gales Ferry** (Circle One)  
Street # Street Name

\_\_\_\_\_ Home Phone Number Cell Phone Number Work Phone Number

I /We give permission to be "Adopted" for children's gifts:  yes  no

*If "yes", please complete the "Wish List" provided for each child.*

If you cannot pick-up your Adopt-a-Family gifts, please plan to have someone pick them up for you. Please let Social Services know the name of the person that will be picking them up. We do not have the capacity to store gifts, and **they will not be held after 4:00pm.**

**PICK-UP DATE / TIME:**  
**THURSDAY, DECEMBER 19<sup>TH</sup>, 2019 1:00PM TO 4:00PM**  
**LEDYARD CONGREGATIONAL CHURCH**  
**722 COLONEL LEDYARD HIGHWAY**



**\*\*Please mark this date on your calendars! You will NOT receive a reminder from Social Services. \*\***

**Please call 860-464-3222 if you have any questions.**

**RELEASE OF CONFIDENTIALITY:**

*I/We understand and agree that the Holiday Programs are possible through community member's time and donations. I / We hereby release the Town of Ledyard, its' agents and volunteers from all liability regarding my participation in the Holiday Programs, as members of the community will be assisting with the Adopt-a-Family Program.*

\_\_\_\_\_  
 Head of Household/Applicant's Signature

\_\_\_\_\_  
 Date