

EAST STOKES COMMUNITY TOY STORE APPLICATION

APPLICATIONS WILL BE ACCEPTED UNTIL OCTOBER 31, 2023 (Important Notice Below*)

***NOTICE.....Due to the number of applicants we can accept it is possible that all spots will be filled before the deadline - applications received will be on a first come first served basis.**

Mail or email completed applications with required information to:

First Baptist Church Walnut Cove PO Box 552 Walnut Cove, NC 27052 or to fbctoystore@gmail.com

If you have questions or need more information please contact: First Baptist Church Walnut Cove at 336-591-7493

Date of Application: _____

Adult 1 Name: _____ Phone: _____

Email: _____ Drivers License # _____

Adult 2 Name: _____ Phone: _____

Email: _____ Drivers License # _____

Mailing Address: _____

Physical Address - NO PO Box - will need proof of residency if address is different from Drivers License

Last 4 Digits of each Parent's Social Security Number: _____

of Adults in the home: _____ # of Children You Are Applying for (12th grade & Under) _____
(Note - you can only apply for children that live in your home)

Total Family Monthly Income: _____ (must have pay stub, SSI stub, child support, etc)

Is either parent a Veteran or currently serving in the Military? _____ Yes _____ No

Where do you attend church? _____ Address: _____

| | Circle Yes or No | Amount |
|---|------------------|--------|
| Pay Rent? | Yes No | |
| Pay House Payment? | Yes No | |
| Receive Child Support? | Yes No | |
| Receive Food Stamps? | Yes No | |
| Receive SSI, Social Security or Disability? | Yes No | |
| Receive AFDC? | Yes No | |
| Receive WIC? | Yes No | |

I hereby give you permission to verify information that I have given on this application from any sources which includes Social Services, my employer, and other community agencies that supply help for Christmas.

Date: _____ Signature of Applicant: _____

ALL INFORMATION IS REQUIRED - SEE BACK AND ADDITIONAL PAGE FOR MORE

PLEASE NOTE: This is not a program of the Stokes County School System. They have, however, allowed us to distribute our application in order to help families in need. Please turn this back into the school counselor once you have completed it or send to one of the addresses on the front of this application.

If you have applied with another agency for Christmas help (example: Salvation Army, Toys for Tots, Fire Department) you cannot apply with us. This is to ensure that as many families as possible can receive help.

Will you be riding with another applicant? If yes, give name so we can schedule you both near the same time:

| AGES BIRTH THROUGH 12TH GRADE | | | | |
|---|--|---|---------------------------|------------------------|
| NAMES OF CHILDREN Christmas Wish List for each child (List 4 items - be as detailed as possible) | DATE OF BIRTH ON BIRTH CERTIFICATE | LAST 4 DIGITS OF SS # OR MEDICAID NUMBER | GENDER (CIRCLE) M F | NAME OF SCHOOL & GRADE |
| 1. | | | M F | |
| Clothing Size (circle) Adult Children | | | Favorite Color: | |
| Do they need a coat? (circle) Y N Size: (circle) Adult Children | | | Color of Coat: | |
| Shoe Size: (circle) Adult Children | | | Favorite Sport: | |
| Favorite Sports Team/Player(s) | | | | |
| Wish List - list 4 items | | 1. | 2. | |
| | | 3. | 4. | |
| Information you feel would better help us shop for your child (interests, hobbies, etc) | | | | |
| | | | | |
| | | | | |
| 2. | | | M F | |
| Clothing Size (circle) Adult Children | | | Favorite Color: | |
| Do they need a coat? (circle) Y N Size: (circle) Adult Children | | | Color of Coat: | |
| Shoe Size: (circle) Adult Children | | | Favorite Sport: | |
| Favorite Sports Team/Player(s) | | | | |
| Wish List - list 4 items | | 1. | 2. | |
| | | 3. | 4. | |
| Information you feel would better help us shop for your child (interests, hobbies, etc) | | | | |
| | | | | |
| | | | | |

SEE ATTACHED PAGE FOR ADDITIONAL SPACE FOR MORE CHILDREN

PLEASE NOTE: WE HOPE TO GET THE ITEMS YOU HAVE PUT ON YOUR CHILDS WISH LIST BUT CANNOT PROMISE YOU WILL GET THE EXACT ITEM OR COLOR YOU ARE REQUESTING. WE WILL MAKE EVERY EFFORT TO EITHER GET THE REQUESTED ITEM OR SOMETHING VERY SIMILAR.

| AGES BIRTH THROUGH 12TH GRADE | | | | |
|---|--|---|---------------------------|------------------------|
| NAMES OF CHILDREN Christmas Wish List for each child (List 4 items - be as detailed as possible) | DATE OF BIRTH ON BIRTH CERTIFICATE | LAST 4 DIGITS OF SS # OR MEDICAID NUMBER | GENDER (CIRCLE) M F | NAME OF SCHOOL & GRADE |
| 3. | | | M F | |
| Clothing Size (circle) Adult Children | | | | Favorite Color: |
| Do they need a coat? (circle) Y N Size: (circle) Adult Children | | | | Color of Coat: |
| Shoe Size: (circle) Adult Children | | | | Favorite Sport: |
| Favorite Sports Team/Player(s) | | | | |
| Wish List - list 4 items | | | | |
| 1. 2. | | | | |
| 3. 4. | | | | |
| Information you feel would better help us shop for your child (interests, hobbies, etc) | | | | |
| | | | | |
| | | | | |

| | | | | |
|---|--|--|-----|-----------------|
| 4. | | | M F | |
| Clothing Size (circle) Adult Children | | | | Favorite Color: |
| Do they need a coat? (circle) Y N Size: (circle) Adult Children | | | | Color of Coat: |
| Shoe Size: (circle) Adult Children | | | | Favorite Sport: |
| Favorite Sports Team/Player(s) | | | | |
| Wish List - list 4 items | | | | |
| 1. 2. | | | | |
| 3. 4. | | | | |
| Information you feel would better help us shop for your child (interests, hobbies, etc) | | | | |
| | | | | |
| | | | | |

For Additional Children please copy this page.

| AGES BIRTH THROUGH 12TH GRADE | | | | |
|---|--|---|---------------------------|------------------------|
| NAMES OF CHILDREN Christmas Wish List for each child (List 4 items - be as detailed as possible) | DATE OF BIRTH ON BIRTH CERTIFICATE | LAST 4 DIGITS OF SS # OR MEDICAID NUMBER | GENDER (CIRCLE) M F | NAME OF SCHOOL & GRADE |
| 5. | | | M F | |
| Clothing Size (circle) Adult Children | | | Favorite Color: | |
| Do they need a coat? (circle) Y N Size: (circle) Adult Children | | | Color of Coat: | |
| Shoe Size: (circle) Adult Children | | | Favorite Sport: | |
| Wish List - list 4 items | | 1. | 2. | |
| Favorite Sports Team/Player(s) | | | | |
| | | 3. | 4. | |
| Information you feel would better help us shop for your child (interests, hobbies, etc) | | | | |
| | | | | |
| | | | | |
| 6. | | | M F | |
| Clothing Size (circle) Adult Children | | | Favorite Color: | |
| Do they need a coat? (circle) Y N Size: (circle) Adult Children | | | Color of Coat: | |
| Shoe Size: (circle) Adult Children | | | Favorite Sport: | |
| Favorite Sports Team/Player(s) | | | | |
| Wish List - list 4 items | | 1. | 2. | |
| | | 3. | 4. | |
| Information you feel would better help us shop for your child (interests, hobbies, etc) | | | | |
| | | | | |
| | | | | |

THE PICK UP DATES WILL BE THE 1ST WEEK IN DECEMBER. YOU WILL RECEIVE A TELEPHONE CALL JUST BEFORE THANKSGIVING TO SCHEDULE YOUR APPOINTMENT. THIS APPOINTMENT CANNOT BE CHANGED EXCEPT BY THE TOY STORE COORDINATOR (AND ONLY IN AN EMERGENCY SITUATION).

PLEASE NOTE: WE HOPE TO GET THE ITEMS YOU HAVE PUT ON YOUR CHILDS WISH LIST BUT CANNOT PROMISE YOU WILL GET THE EXACT ITEM OR COLOR YOU ARE REQUESTING. WE WILL MAKE EVERY EFFORT TO EITHER GET THE REQUESTED ITEM OR SOMETHING VERY SIMILAR.