Operation Christmas Application

Parent Information

(Must have custody of the children.)

First Name: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

City/Zip: _____

Email: _____

Phone: _____

APPLICATIONS DUE DEC. 4TH

PHONE & EMAIL WILL BE USED TO CONTACT YOU FOR PICKUP INFO.

Do you receive any of these CFC programs? (circle all that apply)

Fuel Assistance Food Pantry Head Start WIC

Children Information (AGES 12 & UNDER ONLY)

Child Name	Gender	D.O.B.	Age	Interests
_____	M F	/ /	____	_____
_____	M F	/ /	____	_____
_____	M F	/ /	____	_____
_____	M F	/ /	____	_____
_____	M F	/ /	____	_____
_____	M F	/ /	____	_____
_____	M F	/ /	____	_____
_____	M F	/ /	____	_____

Include with your completed application a copy of:

1) Proof of Address (A bill or piece of mail.)
2) Each Child's Birth Certificate

Physically return applications to your designated office:

822 Eastern Ave, Fall River, MA or 1 Taunton Green, Taunton, MA

Taunton serves Taunton, Raynham, Dighton, Berkley.
Fall River serves all other Greater Fall River communities.