



2021 Holidays
For
Sharing Program



Name: _____

Address: _____

Home Phone or Message Number: _____

Source of Income: _____

Monthly Income: _____

Children 0-16 years of age:

Name	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child a Head Start/Early Head Start participant? Yes _____ No _____

Signature of Parent/Guardian: _____

Please Return No Later Than December 3, 2021

Mail To: ACAP, Inc.
Attn: Holidays
7572 Court Street, Suite 2
PO Box 848
Elizabethtown, NY 12932

