

Family Number _____

September 27th, 2024

Dear Caring Tree Participant:

This registration packet contains your Sauk Prairie Area Caring Tree application along with the financial information required to process your application.

As in previous years we require all information to be **clearly printed** and please be sure to fill in each and every line. Information on applications not filled in may void your application. Due to the volume of applications we receive, we do not have time to return applications or call for missing information.

In order to be eligible for this program, children must be **REGISTERED OR HOME SCHOOLED and living within the Sauk Prairie School District.** A utility bill, rental lease, payroll stub or other form of identification may be required to verify the guideline requirement.

Letters will be mailed to the address on this application with the date, times, and location of pickup the week before it is scheduled. If you move within the Sauk Prairie community after you submit this application please be sure to notify us at one of the telephone numbers listed below. **Please note:** If you move **out** of the Sauk Prairie school district before gift distribution, your application may become null and void. **Letters returned by the Post Office will not be resent!**

Please drop off or return this application **on** or **before** Saturday, November 2nd, 2024 to:

Sauk Prairie Area Caring Tree
c/o St. Vincent de Paul Resource Center
1906 North Street
Prairie du Sac, WI 53578

OR

Sauk Prairie Area Caring Tree
c/o St. Vincent de Paul Store
815 19th Street
Prairie du Sac, WI 53578

Please be prompt in returning your Sauk Prairie Area Caring Tree application on or before the deadline to ensure that your child's gift request will be fulfilled. If you have further questions please call Courtney at (608) 644-0504 ext. 10 or Jarrod at (608) 643-8905 ext. 12.

Thank you,

The Sauk Prairie Area Caring Tree Committee

Sauk Prairie Caring Tree Application 2024

(All information is CONFIDENTIAL.) Please be sure your address is correct as the week before the December pick up date a letter with your family number will be sent to the address listed on this application. You must complete every line in order for the application to be processed. **Applications not filled out correctly or missing information will not be processed.**

PARENT or LEGAL GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

Applicant: Please list all adults living with you at residence listed on this application, starting with yourself. List only the children that you are parent or guardian of and that live with you at the residence listed on this application. In a joint custody situation, ONLY ONE PARENT can file an application for the Sauk Prairie Area Caring Tree. If there is a duplicate application for the same children, both applications may be rejected. In order to be eligible for this program, children must be REGISTERED OR HOME SCHOOLED and LIVING within the Sauk Prairie School District.

Please Note: If you move out of the Sauk Prairie School District before distribution, your application may become null and void.

Full Name (print)	Age	M/F	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list Household Members Income: (INCOME VERIFICATION MAY BE REQUIRED)

Name of Wage Earner	Monthly Income	Annual Income	Source of Income: (Wages, W2, Child Support, SSI, etc.)

Total Household Income: \$_____ Number of Adults in Household: _____ Number of Children in Household: _____

MONTHLY FAMILY EXPENSES

Rent/Mortgage _____	Day Care _____	Vehicle Gas _____
Electric/Gas _____	Medical/Dental _____	Vehicle Payment _____
Phone/Cell Phone _____	Car Insurance _____	Fuel/Heat _____
Groceries _____	Cable/Internet _____	Credit Card Payment _____
Other _____		

List Vehicles you have 1. _____, 2. _____, 3. _____
(Year & Model) (Year & Model) (Year & Model)

I hereby certify that I have completed this application truthfully and correctly. I also give my permission to verify this information with any necessary sources.

(Parent or Guardian Signature) (Date)

If you have any questions in regard to your application, please call (608) 644-0504 ext. 10 or (608) 643-8905 ext. 12 between the hours of 9:00 am – 4:00 pm, Monday through Friday. If no one answers at that time, please leave a message and your call will be returned when we have a chance.

OFFICE USE ONLY

Verification by Caring Tree Member: _____

The Sauk Prairie Area Caring Tree Committee does not discriminate against participants based on Sex, Religion, Race, Color or Marital Status.

INCOME ELIGIBLE: YES _____ NO _____ INITIALS _____

CARING TREE FAMILY NUMBER (office use only): _____

**SAUK PRAIRIE CARING TREE 2024
FAMILY INFORMATION / GIFT SELECTION**

PARENT/ GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ CELL PHONE : _____

Please fill out the following information for gift selection for each child. Be specific in sizes and color preferences. If listing a shirt, specify color and type (long or short sleeve) and if listing jeans or pants indicate waist size, length, regular, husky or slim fit.

Please specify ADULT, JUNIOR, OR CHILD SIZE for all clothes. We do not purchase shoes or boots due to variable sizes with each manufacturer.

Please restrict toy / gift items to under \$30.00 - we will try to include socks for each child.

1. Name: _____ Sex: _____ Weight: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____

2. _____ Size _____ Color _____

3. _____ Size _____ Color _____

Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____

2nd choice _____

3rd choice _____

2. Name: _____ Sex: _____ Weight: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____

2. _____ Size _____ Color _____

3. _____ Size _____ Color _____

Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____

2nd choice _____

3rd choice _____

CARING TREE FAMILY NUMBER _____

3. Name: _____ Sex: _____ Weight: _____ Age: _____
School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____
2. _____ Size _____ Color _____
3. _____ Size _____ Color _____

Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____
2nd choice _____
3rd choice _____

4. Name: _____ Sex: _____ Weight: _____ Age: _____
School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____
2. _____ Size _____ Color _____
3. _____ Size _____ Color _____

Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____
2nd choice _____
3rd choice _____

5. Name: _____ Sex: _____ Weight: _____ Age: _____
School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____
2. _____ Size _____ Color _____
3. _____ Size _____ Color _____

List Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____
2nd choice _____
3rd choice _____

CARING TREE FAMILY NUMBER _____

6. Name: _____ Sex: _____ Weight: _____ Age: _____
School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____
2. _____ Size _____ Color _____
3. _____ Size _____ Color _____

Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____
2nd choice _____
3rd choice _____

7. Name: _____ Sex: _____ Weight: _____ Age: _____
School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____
2. _____ Size _____ Color _____
3. _____ Size _____ Color _____

Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____
2nd choice _____
3rd choice _____

8. Name: _____ Sex: _____ Weight: _____ Age: _____
School: _____ Grade: _____ Teacher: _____

Clothing (check box): Adult Junior Child (Check box: Regular Husky Slim)

1. _____ Size _____ Color _____
2. _____ Size _____ Color _____
3. _____ Size _____ Color _____

List Toy / Gift Item (Please keep prices for these items under \$30.00 each)

1st choice _____
2nd choice _____
3rd choice _____