

*(Complete separate application for each child)*

## Anderson County Shop-With-A-Cop

### Personal Information

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City

Contact Information: \_\_\_\_\_  
Name Relationship to Child

Phone #: \_\_\_\_\_  
Home Cell Work

### What other services are you receiving?

\_\_\_ Salvation Army

\_\_\_ Local Church (Name of Church: \_\_\_\_\_)

\_\_\_ Open Hands Holiday Assistance

\_\_\_ School Family Resources or Youth Service Center (Name of School: \_\_\_\_\_)

\_\_\_ Other

### Why did you decide to apply for Shop-With-A-Cop?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child participated in Shop-With-A-Cop previously? \_\_\_ Yes \_\_\_ No

*By signing below, I acknowledge that all information provide on this form is true and accurate. Also, if my child is selected to participate, I am giving permission for my child to be transported via an authorized Shop-With-A-Cop representative.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Deadline for application: November 26, 2014**

*(Complete separate application for each child)*

Child's Name: \_\_\_\_\_

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**Medical Information (Food Allergies, etc.)**

Medical Needs: \_\_\_\_\_ Yes \_\_\_\_\_ No If **YES**, type of needs: \_\_\_\_\_

Family Doctor: \_\_\_\_\_  
Name Phone

Emergency Contact: \_\_\_\_\_  
Name Phone

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**Clothing Size Information:**

Shirt/Top: \_\_\_\_\_ Pants: \_\_\_\_\_ Underclothes: \_\_\_\_\_

Coat: \_\_\_\_\_ Socks: \_\_\_\_\_

Shoes: \_\_\_\_\_ Type of Shoes: \_\_\_\_\_

Other personal items needed: \_\_\_\_\_

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**Wish List:** *(Please list items or toys the child likes)*

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