Adirondack Community Action Programs, Inc.

2025 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 5, 2025

Mail To:

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