



PO Box 601, Mt Sinai, NY 11766

(631) 714-4822x102

www.holidaydreamsli.com

Child Registration Form

Parent/Guardian Name:

Parent/Guardian Contact # :

Parent / Guardian Email:

Child Name:

Child Sex: Male / Female

Child Age:

Child Size Clothes:

Shoes:

Child Wants:

Child Needs:

- 1.
- 2.
- 3.
- 4.
- 5.

Are you participating with any other organization ? If so, which one ?

Email/fax to: info@holidaydreamsli.com or fax to: 631-527-0044