


2025 Sharing & Caring Holiday Need Form

The Sharing and Caring Program sponsored by Sharon Springs Central School Faculty and Staff is once again providing assistance to those households in need for the upcoming **Thanksgiving and Christmas Holiday Season.** This year the program will be providing food baskets to families in need for both the Thanksgiving and/or Christmas holidays. Additionally, the program is offering to provide essential clothing to eligible children residing in the household ages **Birth-12th grade.**

If your family has a need and meets the following requirements, please fill out the form below and **return to the Main Office no later than November 12th, 2025. Please make sure you can commit to the pick up days BEFORE you submit your application.**

* A Resident of Sharon Springs Central School District.
* Have school aged children living in your household.
* One (1) application, one basket per household.
* You must include a contact phone number and email address.
* Application deadlines will be strictly adhered to – NO EXCEPTIONS.
*** DEADLINE to submit: Wednesday, NOVEMBER 12th by 3:00pm to the MAIN OFFICE**

***PICK DAYS/TIMES: For Thanksgiving Food Baskets- WEDNESDAY, November 19th, 2025- 7:30AM-4:30PM**
For Christmas Food Basket/Clothing- WEDNESDAY, December 17th, 2025- 7:30AM-4:30PM
PICK-UP LOCATION: SSCS FRONT DESK/VISITOR ENTRANCE

* If you have questions, please contact Michelle Keaney by phone at 518-284-2266 ext. 106 or email to mkeaney@sharonsprings.org

Family Household Name: _____

Contact Phone Number: _____ Email Address: _____

Circle Yes or No

Does your family need a Food Basket for the 2025 THANKSGIVING HOLIDAY (Basket Pick-up on Wednesday, November 19th, 2025) ? YES NO

Does your family need a Food Basket for the 2025 CHRISTMAS HOLIDAY (Basket Pick-up on Wednesday, December 17th, 2025) ? YES NO

Would you like to request essential clothing for your children ages Birth-19 residing in the household? (Clothing items will need to picked up on Wednesday, December 17th, 2025) YES NO

IF YES- COMPLETE THE INFORMATION on the REVERSE SIDE

The Sharing & Caring Program will do their best to meet needs, however please indicate by circling the items that are of **GREATEST** Need. Shoppers will prioritize your greatest needs items

Child #1 First Name: _____ Age: _____ Male ____ Female____

Indicate Clothing Size Category for each needed item:
INFANT TODDLER CHILD/YOUTH ADULT

Coat Size: Category:	Snow Pants Size: Category:	Jeans/ Pants Size: Category:	Shirt/ Top Size: Category:	Sneakers Size: Category:	Socks Size: Category:	Boots Size: Category:	Gloves/ Mittens Size: Category	Underwear Size: Category

Child #2 First Name: _____ Age: _____ Male ____ Female____

Indicate Clothing Size Category for each needed item:
INFANT TODDLER CHILD/YOUTH ADULT

Coat Size: Category:	Snow Pants Size: Category:	Jeans/ Pants Size: Category:	Shirt/ Top Size: Category:	Sneakers Size: Category:	Socks Size: Category:	Boots Size: Category:	Gloves/ Mittens Size: Category	Underwear Size: Category

Child #3 First Name: _____ Age: _____ Male ____ Female____

Indicate Clothing Size Category for each needed item:
INFANT TODDLER CHILD/YOUTH ADULT

Coat Size: Category:	Snow Pants Size: Category:	Jeans/ Pants Size: Category:	Shirt/ Top Size: Category:	Sneakers Size: Category:	Socks Size: Category:	Boots Size: Category:	Gloves/ Mittens Size: Category	Underwear Size: Category

Please use an additional form if you have more than 3 children in your household. Contact Michelle Keaney at (518) 284-2267 x106 by phone or email mkeaney@sharonsprings.org for additional forms.

Completed Forms need to be turned into the Main Office by 3:00pm on THURSDAY, NOVEMBER 7th.