East Liberty Family Health Care Center
A CHRISTIAN MINISTRY OF WHOLE PERSON HEALTH CARE

ELFHCC Pediatric Patient Toy Program 2018

Name of Head of Household: _____

Best Phone # to Call: _____Accepts Texts? _____Yes _____No

Address:_____City: _____Zip:_____

To participate your child(ren) **MUST** be:

Check if True:

_____ Medical or dental patient(s) at one of our 4 ELFHCC offices

_____ Up to Date on well child care, immunizations, and dental care between 12/1/17- 11/30/18

_____ Age 14 or younger before December 31, 2018

I attest by signing this form that the information is true and I authorize ELFHCC to release information on the following child(ren) to Toys for Tots and other donors.

Signature: _____ **Date**:_____

1) Child's Name: _____ ☐ Boy ☐ Girl
Age _____ Birth Date: _____ Last Well Child Check Date:_____

2) Child's Name: _____ ☐ Boy ☐ Girl
Age _____ Birth Date: _____ Last Well Child Check Date: _____

3) Child's Name: _____ ☐ Boy ☐ Girl
Age _____ Birth Date: _____ Last Well Child Check Date: _____

Use a second form for additional children.

"FOR OFFICE USE ONLY"
_____ Not eligible > _____ Needs WCC _____ Needs Immunizations
_____ Eligible > _____ In Database
Sign at **Pickup**: Name: _____ Date: _____

We are so happy to assist you in making your celebration of Jesus' birth more positive for your family!

Reminder-- Toys will be available for pickup on:
Saturday December 15, 2018 from **8:30am-3pm**
Monday December 17, 2018 from **12pm-5pm at:**
East Liberty Family Health Care Center
6023 Harvard Street
Pittsburgh, PA 15206

*Due to space and staffing constraints, we will not be distributing toys other days and times. These will be the **ONLY** two days toys will be available for pick up. **NO EXCEPTIONS**. Please plan accordingly. Thank you!