

# 2025 Holiday of HEROs Program – Child Information Form

\*Please return this form **BY NO LATER THAN FRIDAY, OCTOBER 3<sup>RD</sup>, 2025**. Please note that forms received after this deadline may not be fulfilled. Mailed forms must be received in our office by the deadline.

**GUIDELINES:** (Be sure to read ALL guidelines before completing this form and signing the acknowledgment.)

- Eligible children must be 19 years old or under **AND** meet one of the following criteria:
  - 1) be a person living with HIV/AIDS,
  - 2) be affected by this disease (i.e. have an immediate family member living with HIV [mother, father, brother or sister]),
  - 3) have an immediate family member who has died from complications related to HIV/AIDS, and/or
  - 4) reside with an extended family member (i.e. grandmother, grandfather, aunt, uncle or cousin) who is living with HIV.

PARENT/GUARDIAN INFORMATION				
First Name		Last Name		<input type="checkbox"/> Check if contact information needs to be updated
Address		City, State & Zip Code		County
Home Phone	Parent/Guardian's Cell Phone		Parent/Guardian's e-mail address:	
Referral Agency and Case Manager Name (if applicable)			Case Manager's Contact Number	

**Note: Gifts received will depend on the donations and/or sponsorships HERO receives for the 2025 Holiday of HEROs Program. No gift is guaranteed.**

CHILD'S INFORMATION - #1				
First Name	Last Name	Age	Gender Identification for Clothes <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Has a video game console. If checked, console type: _____
Clothing size: Check the appropriate clothing category: Top Size: _____ Bottom Size: _____			Provide footwear size: _____	
<input type="checkbox"/> Infant (0-24 months) <input type="checkbox"/> Toddler (2T-5T) <input type="checkbox"/> Kid – Little (XS-S; 4-7) <input type="checkbox"/> Kid – Big (M-XL; 8-18) <input type="checkbox"/> Teen/Juniors (0-15, XS-XL) <input type="checkbox"/> Adult - Women's (XS – 3X, 0-24) <input type="checkbox"/> Adult – Men's (S-3X, 28-42 waist)			<input type="checkbox"/> Infant <input type="checkbox"/> Little Kids <input type="checkbox"/> Big Kids <input type="checkbox"/> Adult Shoe size: _____ Socks size: _____	
What are his/her/their likes and dislikes?				
Needs List: (1 gift item per line. Gift card requests <b>WILL NOT</b> be considered.)		Wants List: (1 gift item per list. Gift card requests <b>WILL NOT</b> be considered.)		
1. _____		1. _____		
2. _____		2. _____		
3. _____		3. _____		

CHILD'S INFORMATION - #2				
First Name	Last Name	Age	Gender Identification for Clothes <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Has a video game console. If checked, console type: _____
Clothing size: Check the appropriate clothing category: Top Size: _____ Bottom Size: _____			Provide footwear size: _____	
<input type="checkbox"/> Infant (0-24 months) <input type="checkbox"/> Toddler (2T-5T) <input type="checkbox"/> Kid – Little (XS-S; 4-7) <input type="checkbox"/> Kid – Big (M-XL; 8-18) <input type="checkbox"/> Teen/Juniors (0-15, XS-XL) <input type="checkbox"/> Adult - Women's (XS – 3X, 0-24) <input type="checkbox"/> Adult – Men's (S-3X, 28-42 waist)			<input type="checkbox"/> Infant <input type="checkbox"/> Little Kids <input type="checkbox"/> Big Kids <input type="checkbox"/> Adult Shoe size: _____ Socks size: _____	
What are his/her/their likes and dislikes?				
Needs List: (1 gift item per line. Gift card requests <b>WILL NOT</b> be considered.)		Wants List: (1 gift item per list. Gift card requests <b>WILL NOT</b> be considered.)		
1. _____		1. _____		
2. _____		2. _____		
3. _____		3. _____		

CHILD'S INFORMATION - #3				
First Name	Last Name	Age	Gender Identification for Clothes <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Has a video game console. If checked, console type: _____
Clothing size: Check the appropriate clothing category: Top Size: _____ Bottom Size: _____			Provide footwear size: _____	
<input type="checkbox"/> Infant (0-24 months) <input type="checkbox"/> Toddler (2T-5T) <input type="checkbox"/> Kid – Little (XS-S; 4-7) <input type="checkbox"/> Kid – Big (M-XL; 8-18) <input type="checkbox"/> Teen/Juniors (0-15, XS-XL) <input type="checkbox"/> Adult - Women's (XS – 3X, 0-24) <input type="checkbox"/> Adult – Men's (S-3X, 28-42 waist)			<input type="checkbox"/> Infant <input type="checkbox"/> Little Kids <input type="checkbox"/> Big Kids <input type="checkbox"/> Adult Shoe size: _____ Socks size: _____	
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Needs List: (1 gift item per line. Gift card requests <b>WILL NOT</b> be considered.)		Wants List: (1 gift item per list. Gift card requests <b>WILL NOT</b> be considered.)		
1. _____		1. _____		
2. _____		2. _____		
3. _____		3. _____		

Please return this form by mail to H.E.R.O. for Children, Inc., ATTN: HOH 2025 Program, 580 W. Crossville Road, Suite 204, Roswell GA 30075,  
Fax to (470) 321-3106, or E-mail to [holidayofheros@heroforchildren.org](mailto:holidayofheros@heroforchildren.org).

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CHILD'S INFORMATION - #4				
First Name	Last Name	Age	Gender Identification for Clothes <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Has a video game console. If checked, console type: _____
Clothing size: Check the appropriate clothing category: Top Size: _____ Bottom Size: _____ <input type="checkbox"/> Infant (0-24 months) <input type="checkbox"/> Toddler (2T-5T) <input type="checkbox"/> Kid – Little (XS-S; 4-7) <input type="checkbox"/> Kid – Big (M-XL; 8-18) <input type="checkbox"/> Teen/Juniors (0-15, XS-XL) <input type="checkbox"/> Adult - Women's (XS – 3X, 0-24) <input type="checkbox"/> Adult – Men's (S-3X, 28-42 waist)			Provide footwear size: <input type="checkbox"/> Infant <input type="checkbox"/> Little Kids <input type="checkbox"/> Big Kids <input type="checkbox"/> Adult Shoe size: _____ Socks size: _____	
What are his/her/their likes and dislikes?				
Needs List: (1 gift item per line. Gift card requests <b>WILL NOT</b> be considered.)			Wants List: (1 gift item per list. Gift card requests <b>WILL NOT</b> be considered.)	
1. _____			1. _____	
2. _____			2. _____	
3. _____			3. _____	
CHILD'S INFORMATION - #5				
First Name	Last Name	Age	Gender Identification for Clothes <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Has a video game console. If checked, console type: _____
Clothing size: Check the appropriate clothing category: Top Size: _____ Bottom Size: _____ <input type="checkbox"/> Infant (0-24 months) <input type="checkbox"/> Toddler (2T-5T) <input type="checkbox"/> Kid – Little (XS-S; 4-7) <input type="checkbox"/> Kid – Big (M-XL; 8-18) <input type="checkbox"/> Teen/Juniors (0-15, XS-XL) <input type="checkbox"/> Adult - Women's (XS – 3X, 0-24) <input type="checkbox"/> Adult – Men's (S-3X, 28-42 waist)			Provide footwear size: <input type="checkbox"/> Infant <input type="checkbox"/> Little Kids <input type="checkbox"/> Big Kids <input type="checkbox"/> Adult Shoe size: _____ Socks size: _____	
What are his/her/their likes and dislikes?				
Needs List: (1 gift item per line. Gift card requests <b>WILL NOT</b> be considered.)			Wants List: (1 gift item per list. Gift card requests <b>WILL NOT</b> be considered.)	
1. _____			1. _____	
2. _____			2. _____	
3. _____			3. _____	
CHILD'S INFORMATION - #6				
First Name	Last Name	Age	Gender Identification for Clothes <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Has a video game console. If checked, console type: _____
Clothing size: Check the appropriate clothing category: Top Size: _____ Bottom Size: _____ <input type="checkbox"/> Infant (0-24 months) <input type="checkbox"/> Toddler (2T-5T) <input type="checkbox"/> Kid – Little (XS-S; 4-7) <input type="checkbox"/> Kid – Big (M-XL; 8-18) <input type="checkbox"/> Teen/Juniors (0-15, XS-XL) <input type="checkbox"/> Adult - Women's (XS – 3X, 0-24) <input type="checkbox"/> Adult – Men's (S-3X, 28-42 waist)			Provide footwear size: <input type="checkbox"/> Infant <input type="checkbox"/> Little Kids <input type="checkbox"/> Big Kids <input type="checkbox"/> Adult Shoe size: _____ Socks size: _____	
What are his/her/their likes and dislikes?				
Needs List: (1 gift item per line. Gift card requests <b>WILL NOT</b> be considered.)			Wants List: (1 gift item per list. Gift card requests <b>WILL NOT</b> be considered.)	
1. _____			1. _____	
2. _____			2. _____	
3. _____			3. _____	
CHILD'S INFORMATION - #7				
First Name	Last Name	Age	Gender Identification for Clothes <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Has a video game console. If checked, console type: _____
Clothing size: Check the appropriate clothing category: Top Size: _____ Bottom Size: _____ <input type="checkbox"/> Infant (0-24 months) <input type="checkbox"/> Toddler (2T-5T) <input type="checkbox"/> Kid – Little (XS-S; 4-7) <input type="checkbox"/> Kid – Big (M-XL; 8-18) <input type="checkbox"/> Teen/Juniors (0-15, XS-XL) <input type="checkbox"/> Adult - Women's (XS – 3X, 0-24) <input type="checkbox"/> Adult – Men's (S-3X, 28-42 waist)			Provide footwear size: <input type="checkbox"/> Infant <input type="checkbox"/> Little Kids <input type="checkbox"/> Big Kids <input type="checkbox"/> Adult Shoe size: _____ Socks size: _____	
What are his/her/their likes and dislikes?				
Needs List: (1 gift item per line. Gift card requests <b>WILL NOT</b> be considered.)			Wants List: (1 gift item per list. Gift card requests <b>WILL NOT</b> be considered.)	
1. _____			1. _____	
2. _____			2. _____	
3. _____			3. _____	

By signing below, I, \_\_\_\_\_, acknowledge that all children listed meet the eligibility requirements for participation in the Holiday of HEROs program.

I attest and certify that all information provided is true and accurate to the best of my knowledge. Furthermore, I understand that any falsification will result in the immediate suspension of my child(ren) from H.E.R.O. for Children programs.

\_\_\_\_\_  
Parent/Guardian/Case Manager Signature

\_\_\_\_\_  
Date

**Please return this form by mail to H.E.R.O. for Children, Inc., ATTN: HOH 2025 Program, 580 W. Crossville Road, Suite 204, Roswell GA 30075, Fax to (470) 321-3106, or E-mail to [holidayofheros@heroforchildren.org](mailto:holidayofheros@heroforchildren.org).**