Children's Aid Society and Charles County Dept. of Social Service's

Christmas Toy Connection

VERY IMPORTANT

Application **DUE by Nov 7th, 2026**

You must complete this form honestly and completely or it may delay the processing of your application.
This is a first come first served program with limited acceptance.
**If you are registered with another "Toy" program in the county, you will automatically be dropped from Christmas Toy Connection.*

Name: _____
(First) (Last)

Address: _____
(Street/ apt. #/ PO Box)

_____
(City) (State) (Zip code)

Daytime phone #: _____
(Must provide a good phone number)

Email: _____
(Email is to send reminders if you are accepted for the program)

SSN#: _____
(# must be that of the head of household)

Your age: _____Your date of Birth: _____

# of Adults in household: _____

# of School Aged Children in your family: _____

Are you currently receiving SNAP benefits (Food Stamps) or Cash Assistance from the Depart. of Social Services?

☐ Yes ☐ No

STOP HERE IF YOU ARE NOT THE PARENT OR LEGAL GUARDIAN OF A CHILD

➔ Ways to return this form ➔

1. **Email to:** charlescounty.christmasconnection@maryland.gov
2. **Fax to:** 301-392-6436
3. **Mail to**: Christmas Toy Connection 200 Kent Avenue La Plata, MD 20646
4. **Drop off** at Ch. Co. Children's Aid Society: 3000 Huntington Cir. Waldorf, MD 20602
5. **Apply ONLINE:** https://charlescountydss.com/childrens-aid-society-christmas-toy-connection-online-submission/

Child's Name	Age	Sex
1.		
2.		
3.		
4.		

Child's Name	Age	Sex
5.		
6.		
7.		
8.		

Charles County

2026

For office personnel only:
CID: _____

Date: _____