

## Parent/Guardian Sign-up for Special Santa Program 2018

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\*Pick-up date is according to the **PARENT'S LAST NAME**.

**\*\*PROOF OF RESIDENCY IS REQUIRED:** Bring a copy of your Driver's License, or Utility Bill, or Lease, etc.

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Do you Text? Yes No

E-mail: \_\_\_\_\_

**Qualifications for Program** - \*\*Please Mark All the agencies that you receive assistance from.

- Food Bank: Name of Food Bank: \_\_\_\_\_  
 OCS (Office of Children Services)     Public Assistance     Food Stamps  
 Alaska Family Services                       CCS Learning                       Mat-Su Services for Children & Adults  
 Mat Su Health Services                       Other: \_\_\_\_\_

**YOU MUST AGREE TO ALL OF THE FOLLOWING REQUIREMENTS TO QUALIFY**

- Only one person per family may enroll your children in the gift program.
- Your children are 18 or younger.
- The gifts are for your children in **YOUR HOUSEHOLD ONLY**.
- This must be the only gift program you are receiving gifts from.
- Pick-up date is according to the **LAST NAME.of PARENT'S SIGNING UP.**

<u>Income Requirements</u>	
<u>Family Size</u>	<u>Monthly</u>
2	\$2,553 or Less
3	\$3,209 or Less
4	\$3,865 or Less
5	\$4,521 or Less
Each Addition \$657	

Sign  
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**I agree to these guidelines. Initial:** \_\_\_\_\_

(Office Use Only)	Child's First Name	Last Name	Boy/Girl	Age	School

\* A DONATION of \$1.00 for EACH CHILD is appreciated. CASH ONLY. Donations are accepted when you sign-up or pick up the gifts.

I have enclosed \$ \_\_\_\_\_ I will donate when I pick up. \_\_\_\_\_

Sign  
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**Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_