

Parent/Guardian Sign-up Form for Special Santa Program 2024

Last Name: _____ First Name: _____

Physical Address: _____ City: _____

Phone No.: _____ Cell No.: (_____) _____ Do you Text? Yes No

E-mail: _____

YOU MUST AGREE TO ALL OF THE FOLLOWING REQUIREMENTS TO QUALIFY

- Only one person per family may enroll your children in the gift program.
- Applying due to hardship with pandemic and/or participate in any local or state assistance program(s).
- 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.

I agree to these guidelines. Initial: _____

Children(s) Information Sheet

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

****PROOF OF RESIDENCY IS REQUIRED:** Please bring your Driver's License/State I.D, if your current address is not on your I.D or a P.O box is listed, please bring a utility bill, or lease, showing current address.

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

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

Sign Here

>>> **Parent/Guardian Signature:** _____ Date _____