

HOLIDAY GIFTS

Media Partners:



2011 IMPORTANT INFORMATION

Please read all of the information below before completing the registration form.

DISTRIBUTION PLACE: Bemidji National Guard Armory, 1430 23rd Street, Bemidji

DISTRIBUTION DAY: Thursday, December 15, 2011

TIME: 11:00 A.M. to 6:00 P.M. (PLEASE NOTE: We do not distribute all the best toys in the beginning of the day. To ensure fairness, we refresh the toys throughout the day.)

Holiday Gifts for Kid's Mission: Uniting the community during the Christmas season to bring together resources, volunteers, and finances to provide gifts to children and families that are less fortunate.

The Holiday Gifts for Kids Program is a NEED BASIS program - intended to help Bemidji area families that are struggling financially and are unable to provide a gift for their child(ren).

- 1. You MUST pre-register your child(ren) to receive gifts. To pre-register, simply complete the attached registration form and RETURN IT BY 5:00 P.M. ON WEDNESDAY, DECEMBER 7, 2011 to one of the participating organizations listed below. We need this information to ensure there are enough gifts. LATE REGISTRATION FORMS AND WALK-INS THE DAY OF DISTRIBUTION WILL NOT BE ACCEPTED.**

MAIL completed registration form before Wednesday, December 7, 2011 to:
Holiday Gifts for Kids, PO Box 27, Bemidji, MN 56619

or DROP OFF completed registration form at one of the following locations:

Bi-County CAP

First National Bank Bemidji

Beltrami County Public Health/WIC office

2529 15TH Street NW

1600 Paul Bunyan Drive NW

616 America Avenue, Ste 130

- 2. Only one registration form is allowed per child/family. You may only register children that you are the parent or legal guardian to. Only one registration form is allowed per child, so if you have part-time custody of your child(ren) you must decide which parent or legal guardian will be registering for the program. We will not accept two registration forms for the same child. You may not under any circumstance register for friends, relatives, etc. No exceptions.**

TURN OVER - MORE IMPORTANT INFORMATION IS ON THE BACK



- 3. Gifts are only available for children between the ages of newborn to age 16.**
- 4. CHILD(REN) LISTED ON THE REGISTRATION FORM MUST LIVE IN THE BEMIDJI SCHOOL DISTRICT #31. All addresses will be verified.**
- 5. A REMINDER/CONFIRMATION POSTCARD will be sent to you a week prior to distribution day as confirmation that we received your registration form and you have been approved to participate in the program. If you are not approved to participate in the program, you will receive a REGRET POSTCARD.**

YOU MUST BRING ALL OF THE FOLLOWING ITEMS WITH YOU ON DISTRIBUTION DAY (Thursday, December 15) OR YOU WILL NOT BE PERMITTED TO GET TOYS. NO EXCEPTIONS WILL BE MADE.

1. PHOTO ID FOR PARENT OR GUARDIAN LISTED ON REGISTRATION FORM

The parent or guardian listed on the registration form is required to bring a photo ID when picking up toys on distribution day.* The photo ID **MUST** match the name of the person listed as the parent or guardian on the registration form.

★ **If a parent or guardian cannot pick up toys**, a **signed** note MUST be brought on the day of the distribution giving someone else permission to pick up toys. The note must be signed by the parent/guardian that completed the registration form.

2. OFFICIAL DOCUMENT STATING THE CHILD'S NAME AND DATE OF BIRTH FOR ALL CHILDREN LISTED ON THE REGISTRATION FORM

For child identification, please bring an official document stating your child(ren)'s name and date of birth. (for example: Birth Certificate) **You are responsible for making sure the document lists both your child's name and date of birth.** **YOU MUST BRING IDENTIFICATION FOR ALL OF THE CHILDREN YOU HAVE LISTED ON THE REGISTRATION FORM. If you do not have proper identification for a child listed on the form you will not be able to get a toy for that child, no exceptions.**

3. PROOF OF PHYSICAL ADDRESS (address must match physical address listed on registration form.) PLEASE BRING ONE OF THE FOLLOWING: utility bill, driver's

license, or phone bill. The physical address on your identification **MUST** match the physical address you have listed on the registration form. **If your mail goes to a PO Box**, please make sure the document you are bringing has your physical address listed.

HOLIDAY GIFTS

for kids



MEDIA PARTNERS:



2011 REGISTRATION FORM

COMPLETED REGISTRATION FORMS MUST BE RECEIVED BY 5:00 P.M. WEDNESDAY, DECEMBER 7, 2011. NO EXCEPTIONS.

MAIL completed registration form before Wednesday, December 7, 2011 to:
Holiday Gifts for Kids, PO Box 27, Bemidji, MN 56619

or DROP OFF completed registration form at one of the following locations:
 Bi-County CAP First National Bank Bemidji Beltrami County Public Health/WIC office
 2529 15TH Street NW 1600 Paul Bunyan Drive NW 616 America Avenue, Ste 130

PLEASE PRINT. ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED.

****YOU WILL BE REQUIRED TO PROVIDE PROOF OF THE FOLLOWING INFORMATION ON DISTRIBUTION DAY** (see Important Information on the sheet attached to this form for the items you need to bring on distribution day.)

****ALL INFORMATION WILL BE VERIFIED. If any information provided is not inaccurate you will not be able to participate in the program. We appreciate your honesty.**

➔ Parent(s) or Legal Guardian(s): _____ Phone: _____

Physical Address: _____

City: _____ Zip: _____

****Your physical address must be in the Bemidji Area School District (ISD 31). Your address will be verified and if it does not fall within the Bemidji Area School District you will not be able to participate in the program***

➔ Mailing Address: _____

City: _____ Zip: _____

****A confirmation card or regret card will be mailed to this address one week prior to the event. It is extremely important that this address is an accurate mailing address or you will not receive the card.***

➔

FIRST AND LAST NAME OF THE CHILD(REN) YOU ARE THE PARENT TO OR LEGAL GUARDIAN OF – NO NICKNAMES	AGE <i>(age 0-16 ONLY)</i>	BOY/GIRL	DATE OF BIRTH <i>(MM/DD/YYYY)</i>
<small>(only one gift per child is permitted. Please do not fill out additional forms or have anyone else complete additional forms for <u>any</u> child you have listed below or you will not be allowed to participate in the program.) Add names on the back if you are the parent of guardian to more than 4 children.</small>			

Disclaimer: If a child's name is listed on more than one registration form, we will contact you to determine legal guardianship. This information may also be shared with other gift distribution programs in surrounding areas.

➔ I have read and agree to the important information form attached to this application. I affirm that all information completed on this form is accurate. I affirm that I am the parent or legal guardian to all the children listed above and they all live at the above physical address and are residents of Bemidji School District #31. I understand, one week prior to the distribution day, if my application is approved, I will receive a confirmation card allowing me to participate in the 2011 Holiday Gifts for Kids program. If my application is not approved, I understand I will receive a regret card.

➔ Signature of parent(s) or guardian(s): _____