



2023 Registration Information

DEADLINE TO REGISTER: Tuesday, December 5th, 2023 4:00pm

DISTRIBUTION DATE: Thursday, December 14th, 2023

DISTRIBUTION TIME: 11:00AM to 6:00PM

(Toys are updated throughout the day to ensure fairness)

NEW LOCATION THIS YEAR: **BSU Beaux Arts Ballroom**

located inside Hobson Memorial Union, Birchmont Dr Bemidji

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/children. **Our Mission:** Uniting the community during the holiday season to bring together resources, volunteers, and finances to provide gifts to children and families that are less fortunate.

1. **You must pre-register your child/children to receive gifts.** Simply complete the attached registration form and return it by 4:00pm on Tuesday, December 5, 2023, 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 the event distribution will not be accepted.**
2. **Only one registration form is allowed per child/family.** You may only register children of which you are the parent or legal guardian. Only one registration form is allowed per child. If you have part-time custody of your child/ren you must decide which parent or legal guardian will register. Two registration forms for the same child will not be accepted. You may not under any circumstance register for friends, relatives, etc.
3. **Children registered must be between the ages of newborn to age 17.**
4. **Children listed on the registration form must live in Beltrami, Hubbard or Clearwater Counties.**
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. If you are not approved to participate in the program, you will receive notification prior to distribution day.

YOU MUST BRING ALL OF THE FOLLOWING ITEMS WITH YOU ON DISTRIBUTION DAY OR YOU WILL NOT BE PERMITTED TO GET TOYS:

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 & DATE OF BIRTH FOR EACH CHILD LISTED ON THE REGISTRATION FORM.** For child identification, please bring an official document stating your child'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 EACH CHILD 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.
3. **PROOF OF PHYSICAL ADDRESS (address must match physical address listed on registration form).** Please bring a 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 to bring documentation that shows your physical address.

PICK-UP &/or DROP-OFF registration forms at one of the following locations:

Northern Dental Access Center
1405 Anne St NW

First National Bank Bemidji
1600 Paul Bunyan Drive NW

Beltrami Co. Public Health/WIC Office
616 America Avenue, Suite 130

Boys & Girls Club Bemidji
1600 Minnesota Ave NW

MAIL completed registration form postmarked by Tuesday, December 5th 2023 to:
Holiday Gifts for Kids, PO Box 27, Bemidji, MN 56619



2023 Registration Form

If you are turning in the form at a drop-off location - As a parent/guardian, it is your responsibility to personally place this form into the drop-off box. Do not give the form to an employee to turn in; it is your responsibility to turn in this form.

Completed Registration Forms must be postmarked by Tuesday, December 5th or dropped-off by 4 pm at one of the locations listed below. Please plan accordingly as closing times may vary. Please print and complete all sections of the application.

You will be required to provide proof of the following information on Distribution Day, December 14th. Please see Registration Information on the sheet attached for items you need to bring on Distribution Day. All information is verified. If any information provided is not accurate, you may not be able to participate in the program. Thank you for your honesty.

Parent(s)/Legal Guardian(s): _____ Phone: _____

Physical Address: _____

City: _____ Zip: _____

**Your physical address must be in Beltrami, Hubbard or Clearwater counties. All addresses will be verified.*

Mailing Address: _____

City: _____ Zip: _____

**A confirmation card or regret letter 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 & LAST NAME OF EACH CHILD YOU ARE THE PARENT/ LEGAL GUARDIAN OF, DO NOT LIST NICKNAMES	AGE (age 0-17 ONLY)	GENDER	DATE OF BIRTH (MM/DD/YYYY)
Only one gift per child is permitted. Please do not fill out additional forms or have anyone else complete forms for <u>any</u> child you have listed below or you will not be allowed to participate in the program. Attach an extra sheet if you are a parent or guardian to more than 4 children.			

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 Beltrami, Hubbard or Clearwater counties. 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 2023 Holiday Gifts for Kids program. If my application is not approved, I understand I will receive a regret letter.

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

PICK-UP &/or DROP-OFF registration forms at one of the following locations:

Northern Dental Access Center
1405 Anne St NW

First National Bank Bemidji
1600 Paul Bunyan Drive NW

Beltrami Co. Public Health/WIC Office
616 America Avenue, Suite 130

Boys & Girls Club Bemidji
1600 Minnesota Ave NW

MAIL completed registration form postmarked by Tuesday, December 5th 2023 to:
Holiday Gifts for Kids, PO Box 27, Bemidji, MN 56619
(*form updated 11/1/23)