



2024 Holiday Gifts for Kids Registration Form

The Holiday Gifts for Kids Program is a NEED BASIS program, intended to help families that are struggling financially and are unable to provide a gift for their child/children.



Date of Event: Thursday, December 12th, 2024

Time of Event: 11:00AM to 6:00PM *(Toys are updated throughout the day to ensure fairness)*

Location: SANFORD CENTER, 1111 Event Center Dr NE Bemidji

DEADLINE TO REGISTER: **Monday, December 9th, 2024 at 4:00pm**

1. **You must pre-register your child/children to receive gifts.** Complete the attached registration form and return it by 4:00pm on Monday, December 9, 2024, to one of the participating organizations listed below. **Late registration forms and walk-ins the day of the event will not be accepted.**
2. **Only one registration form is allowed per child/family.** You can only register children of which you are the parent or legal guardian. 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 are not allowed to 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 EMAIL will be sent by 4pm on Tuesday, Dec. 10th** as confirmation that we received your registration form and whether or not you have been approved to participate. Email will come from Gretchen@UnitedWayBemidji.org. If you do not have an email address, call United Way of Bemidji at 218-444-8929 to make other arrangements.

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 by Monday, Dec. 9:

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 your completed registration form postmarked by Thursday, December 5th 2024 to:
Holiday Gifts for Kids, PO Box 27, Bemidji, MN 56619

(keep this page for your records)



2024 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 dropped off by Monday, Dec. 9th at 4pm at one of the locations listed below or postmarked by Thursday, December 5th. Please plan accordingly as closing times may vary. Please complete all sections of the application.

You will be required to provide proof of the following information on Distribution Day, December 12th. 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.

PLEASE PRINT CLEARLY SO INFORMATION IS ACCURATE

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.*

Email (required): _____

**Email is required in order to receive a confirmation notice. If you do not see an email confirmation, check your email junk folder. If you do not have an email address, please call United Way of Bemidji Area at 218-444-8929 to make other arrangements.*

FIRST & LAST NAME OF EACH CHILD YOU ARE THE PARENT/ LEGAL GUARDIAN OF, DO <u>NOT</u> LIST NICKNAMES <small>Only one gift per child is permitted. Do not fill out additional forms or have anyone else complete forms for <u>any</u> child you have listed below.</small>	AGE <small>(age 0-17 ONLY)</small>	GENDER	DATE OF BIRTH <small>(MM/DD/YYYY)</small>

Disclaimer: If a child's name is listed on more than one registration form, we will contact you to determine legal guardianship.

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, I will receive a confirmation email allowing me to participate in the 2024 Holiday Gifts for Kids program. If my application is not approved, I understand I will receive a regret notice by email.

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

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