Jackson County Sertoma Christmas Miracle

Application for Toy Assistance.

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check One**: [] Parent [] Legal Guardian [] Foster Parent**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (DOB) date of birth \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Gifts are only available for children age 12 or under.**

**Please complete in black ink---applications in all other colors will not be accepted.**

**Incomplete applications will not be accepted. Residents of Jackson County IN only.**

**Natural children, legal guardianships, stepchildren, or foster children are eligible.**

**Nieces, nephews, grandchildren, neighbors, or anybody else’s children will not be accepted.**

**Any detection of attempted fraud will result in permanent denial of gifts. No gifts costing in excess of $35.00 will be sought.**

 **Child’s name (last, first) DOB (MoDayYear) Age Gender First Choice Gift Second Choice Gift**

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I authorize Jackson County Sertoma, as a Charity Tracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other Charity Tracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Jackson County Sertoma, as a Charity Tracker Participating Agency, to share my dependent’s basic, identifying and non-confidential service transactions/information with other Charity Tracker participating agencies.

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from its expiration date.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client and/or Legal Guardian’ Authorized Signature Jackson County Sertoma Representative Signature

**Mail completed form to: Jackson County Sertoma**

**P.O Box 841**

 **Seymour, IN 47274**

 **DEADLINE FOR APPLICATIONS TO BE RECEIVED IS DECEMBER 17th, 2024.**