Spread the joy give a toy

**Two Sisters Helping Hand, Inc.**

**ANNUAL TOY GIVEAWAY**

**REGISTRATION FORM – PLEASE PRINT CLEARLY**

**DEADLINE IS DECEMBER 6th by noon.**

**NO REQUEST WILL BE TAKEN AFTER THIS DATE**

**NO EXCEPTIONS (ID Required at Pick Up)**

|  |  |
| --- | --- |
| **Parent / Caregiver** | **Contact Info:** |
|  | **Phone#:** |
| **Address:** | **Cell#:** |
|  | **Email:** |

\***Each child must write a letter to Santa and provide it with the application. In the letter, the child would ask for the Christmas items they would like to receive, such as clothes, toys, and/or books.**

**If the child is under 10, please be sure the letter is legible to clarify the requested items. Letters and applications can be EMAILED or DROPPED off at 11011 S Wilcrest Dr. Ste E101, Houston, TX 77079. \***

APPLICATION IS NOT COMPLETE WITHOUT THE SANTA LETTER

**INFANT TO 14 YEARS OLD ARE ELIGIBLE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** | **Male/Female** | **Age** | **Top Size** | **Bottom size** | **Favorite Book** |
| **1**. |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |

**YOU WILL RECEIVE UPDATES TO YOUR EMAIL AND/OR TEXT MESSAGE.**

**FOR MORE INFORMATION:**

**VISIT:** [**www.twosistershelpinghand.org**](http://www.twosistershelpinghand.org) **EMAIL:** [**christmas@twosistershelpinghand.org**](mailto:info2@wosistershelpinghand@gmail.com)

**Family Application**

**PLEASE PROVIDE: Valid ID, and Birth Certificate for each child**

**Head of Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZipCode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status (circle) Married Separated Divorce Single Widow**

**Number of Children in Household\_\_\_\_\_\_\_ Number of Adults in Household \_\_\_\_\_\_**

**Do you Rent or Own Home \_\_\_\_\_\_\_\_\_\_ Rent or Mortgage Payment \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** | **Male/Female** | **Age** | **Date of Birth** | **Social Security Number** | **Relationship to Head of Household** |
| **1**. |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |

**Child Home & Relationship to Head of Household C-Child G-Grandchild N-Niece/Nephew F-Foster Child**

**Income**

**Monthly Job Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disability Income \_\_\_\_\_\_\_\_\_\_\_\_\_ SSI Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TANF \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment \_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All the information I have provided is true and correct to the best of my knowledge. My signature is my**

**waiver of all liability against Two Sisters Helping Hand and its affiliate in providing services as a**

**nonprofit organization**.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**