

Registration Information

The Sylvan Lake Christmas Bureau helps low income families with children 17 and under, who are living in the Sylvan Lake area. We provide gifts and food vouchers during the holidays to those that qualify. If you need assistance this holiday season, please fill out the attached registration forms and return them along with required information to our office. Call (403)348-9993 to book an appointment.

Registration Day

When: Sunday, November 19, 2023 by appointment only Location: 90B Hewlett Park Landing

Must provide the following information to register:

- Completed registration form
- Government issued photo ID for all adults
- Alberta Health Care Cards for all adults and children
- Proof of residency (two of the following; gas or electricity bill, town of Sylvan Lake bill, cell phone bill, cable/internet bill, or rental agreement)
- Proof of household income (last two paystubs, information for Child Tax Benefit, Social Assistance, EI, Pension information, or bank statement showing all deposits for the last month)

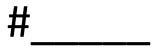
If you have any questions or if you have missed the registration day, please call us at (403)348-9993 to make other arrangements to return your form. For more information visit our website at www.sylvanlakechristmasbureau.com.

Please note: Registration is open from November 19 until December 15. Registrations after Registration Day (November 19th) cannot be guaranteed specific gifts.



Registration Form





Print clearly and use pen to complete form.

| | | Gu | ardian 1 | | Gu | ıardian 2 | |
|-------------|----------------------|--------------------|----------|----------|-----------------|------------------|-------------|
| | First Name | | | | | | |
| | Last Name | | | | | | |
| | AHC# | | | | | | |
| | Employer | | | | | | |
| | | | | <u>N</u> | lonthly House | hold Income | |
| Pho | ne Number:_ | | | Ta | ake Home Wag | ges: | |
| | | | | _ | hild Support: | | |
| , | | | | | hild Tax Benefi | | |
| | | | | | ocial Services: | | |
| | | | | To | otal: | | |
| | | | | | | | |
| Register ch | ildren 17 years or y | ounger | | | | | |
| | Child First | and Last Name | | Child [| Date of Birth | Child AHO | C# |
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| Woul | d your family us | se a Library Card? | yes | no | | already have one |] |
| | | | | | | | |
| For Office | Use Only: | | | | | | |
| | | | | Complete | d by: | | _ |
| | _ | | | | | | |
| Deli | very | Pick Up | Date: | | Т | ime: | |
| | | | | | | | |



Registration Form



Wishlist Information

| Child First Name | | Child currently lives in home? | Child Wishlist (please be specific) |
|--|--|--|--|
| | | Full time | 2-3 Gift ideas: |
| | | Majority of time | |
| Age | Sex | Half time | Clothing: |
| | | Part time | |
| | | Not currently living in home | Diapers: |
| Office use | e only: | | |
| (Please lea | ive blank) | | |
| | | | |
| Child Fire | st Name | Child currently lives in home? | Child Wishlist (please be specific) |
| | | Full time | 2-3 Gift ideas: |
| | | Majority of time | |
| Age | Sex | Half time | |
| | | Part time | Clothing: |
| | | Not currently living in home | Diapers: |
| Office use | e only: | | |
| (Please lea | | | |
| | | | |
| Child First Name | | | |
| Child Fire | st Name | Child currently lives in home? | Child Wishlist (please be specific) |
| Child Fire | st Name | Child currently lives in home? | Child Wishlist (please be specific) 2-3 Gift ideas: |
| Child Fire | st Name | <u> </u> | |
| Child Firs | st Name | Full time Majority of time Half time | 2-3 Gift ideas: |
| | | Full time Majority of time Half time Part time | 2-3 Gift ideas: Clothing: |
| | | Full time Majority of time Half time | 2-3 Gift ideas: |
| | Sex | Full time Majority of time Half time Part time | 2-3 Gift ideas: Clothing: |
| Age | Sex | Full time Majority of time Half time Part time | 2-3 Gift ideas: Clothing: |
| Age Office use | Sex | Full time Majority of time Half time Part time | 2-3 Gift ideas: Clothing: |
| Age Office use | Sex e only: | Full time Majority of time Half time Part time | 2-3 Gift ideas: Clothing: |
| Age Office use (Please lea | Sex e only: | Full time Majority of time Half time Part time Not currently living in home | 2-3 Gift ideas: Clothing: Diapers: |
| Age Office use (Please lea | Sex e only: | Full time Majority of time Half time Part time Not currently living in home Child currently lives in home? | 2-3 Gift ideas: Clothing: Diapers: Child Wishlist (please be specific) |
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| Age Office use (Please lea | Sex e only: eve blank) st Name | Full time Majority of time Half time Part time Not currently living in home Child currently lives in home? Full time Majority of time Half time Part time | 2-3 Gift ideas: Clothing: Diapers: Child Wishlist (please be specific) 2-3 Gift ideas: Clothing: |
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| Age Office use (Please lea Child First | Sex e only: eve blank) st Name Sex e only: | Full time Majority of time Half time Part time Not currently living in home Child currently lives in home? Full time Majority of time Half time Part time | 2-3 Gift ideas: Clothing: Diapers: Child Wishlist (please be specific) 2-3 Gift ideas: Clothing: |