



## 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: Saturday, November 15, 2025 by appointment only**

**Location: 4926 50 Ave**

### 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](http://www.sylvanlakechristmasbureau.com).

**Please note: Registration is open from November 15th until December 17th. Registrations after Registration Day (November 15th) cannot be guaranteed specific gifts.**



# Registration Form

## Personal Information

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Print clearly and use pen to complete form.

	Guardian 1	Guardian 2
First Name		
Last Name		
AHC#		
Employer		

### Monthly Household Income

Phone Number: \_\_\_\_\_

Take Home Wages: \_\_\_\_\_

Address: \_\_\_\_\_

Child Support: \_\_\_\_\_

\_\_\_\_\_

Child Tax Benefit: \_\_\_\_\_

Email: \_\_\_\_\_

Social Services: \_\_\_\_\_

**Total:** \_\_\_\_\_

Register children 17 years or younger

Child First and Last Name	Child Date of Birth	Child AHC#

### For Office Use Only:

Registration completed by: \_\_\_\_\_

Delivery

Pick Up

Date: \_\_\_\_\_

Time: \_\_\_\_\_

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

3rd: \_\_\_\_\_

# Registration Form

## Wishlist Information

# \_\_\_\_\_

Please be specific when filling out child's wishlist, and keep individual gift ideas **under \$100**. Include any hobbies, interests or likes to help our elves out. List any winter gear, clothing, and/or diapers that may be needed with sizes.

Child First Name		Child currently lives in home?	Child Wishlist
<b>Age</b> <b>Sex</b>		<input type="checkbox"/> Full time <input type="checkbox"/> Majority of time <input type="checkbox"/> Half time <input type="checkbox"/> Part time <input type="checkbox"/> Not currently living in home	3-4 Gift ideas:      Clothing/Diapers:
<b>Office use only:</b> (Please leave blank)			

Child First Name		Child currently lives in home?	Child Wishlist
<b>Age</b> <b>Sex</b>		<input type="checkbox"/> Full time <input type="checkbox"/> Majority of time <input type="checkbox"/> Half time <input type="checkbox"/> Part time <input type="checkbox"/> Not currently living in home	3-4 Gift ideas:      Clothing/Diapers:
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