SANTAS TOY STORE FORM

Parent Name		**Phone Number**	
Mailing Address		**Physical Address**	
Province		**Postal Code**	
Email Address		**Date of birth**	
Have you applied for this program anywhere else?		**Yes** ☐ **No** ☐	
Time slot prefrence	**Dec 10th** ☐ **Dec 11th** ☐	**Morning** ☐ **Afternoon** ☐	

Please note that we coordinate with neighbouring Community programs to ensure applications are submitted to the appropriate community and to prevent duplicate applications. If you're unsure where to apply, we're happy to help guide you.
All information collected is kept confidential and is used for statistical purposes and to support future funding for our programs.

Child #1

Full Name		Address same as parent?	**Yes** ☐ **No** ☐
Date of Birth		Gender	

Child #2

Full Name		Address same as parent?	**Yes** ☐ **No** ☐
Date of Birth		Gender	

Child #3

Full Name		Address same as parent?	Yes ☐ No ☐
Date of Birth		Gender	

Child #4

Full Name		Address same as parent?	Yes ☐ No ☐
Date of Birth		Gender	

Child #5

Full Name		Address same as parent?	Yes ☐ No ☐
Date of Birth		Gender	

Child #6

Full Name		Address same as parent?	Yes ☐ No ☐
Date of Birth		Gender	

Child #7

Full Name		Address same as parent?	Yes ☐ No ☐
Date of Birth		**Gender**	

TOWN OF Redwater A NATURAL HOME

redapple