

ENROLLMENT GUIDELINES AND REGISTRATION

1. Applicants agree NOT to seek or accept holiday assistance from any other agency. Your information will be shared with other agencies in the county to ensure each family is served by only one source.
2. Applicants who lack required forms and documents will be not be registered until all required information is processed.
3. Participation in the program is limited to school age children up to 17 yrs. for a maximum of \$125 per child.
4. The YMCA will attempt to assign a Care Team to each household and corresponding participant(s) wish list.
5. Prior to December 18th, Care Team participants will contact applicants directly about delivery arrangements for gifts **at a time when the children are unlikely to be at home**. To pick up unwrapped gifts at the YMCA, **the custodial applicant must present identification and/or your program receipt**. If a Care Team is not assigned, the custodial applicant will be responsible for picking up all unwrapped gifts at the YMCA between Dec 18th - 21st.
6. Children are not to know the gifts are from the YMCA or any other agency.
7. It is the applicant's responsibility to call 678-341-6337 if there is any change in registration information (phone, address, etc..). Care teams cannot contact applicants without the proper contact information.

Custodial Applicant Signature: _____ Date: _____

PLEASE PRINT CLEARLY.....

Custodial Applicant Name: (Last)_____ (First):_____ Birthdate:_____

Name of Spouse: (Last)_____ (First):_____ Birthdate:_____

Home Delivery Address:_____ City:_____ State:_____ Zip:_____

House Mobile Home Apartment Other:_____

Contact E-Mail:_____

Number of people in the home:_____ Number under 18yrs old:_____

Does an adult in the home speak English well? YES NO

Best Day/Time/Location to Contact Family:_____

Special Information or Circumstances:_____

(1) Child Name:_____ Girl:___ Boy:___ Birthdate:_____

Relation to Custodial Applicant:_____ School Child Attends:_____

Undergarment Size:___ Pant Size:___ Shirt Size:___ Shoe Size:___ Coat Size:_____

4 Items Needed Most: 1st:_____ 2nd:_____ 3rd:_____ 4th:_____

Wish List Description:_____

Comments re. Special Sizes : _____

SPIRIT ID:
Care Team:

(2) Child Name:_____ Girl:___ Boy:___ Birthdate:_____

Relation to Custodial Applicant:_____ School Child Attends:_____

Undergarment Size:___ Pant Size:___ Shirt Size:___ Shoe Size:___ Coat Size:_____

4 Items Needed Most: 1st:_____ 2nd:_____ 3rd:_____ 4th:_____

Wish List Description:_____

Comments re. Special Sizes : _____

SPIRIT ID:
Care Team:

Office Use Only: