



Parent / Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

CHILD'S NAME	AGE	BOY/GIRL	RACE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____



To qualify for this program you must meet ALL the following requirements:

1. The ages of your children or grandchildren for this program are:

**2 years old – 8 years old**

2. You must provide a valid and current LOUISIANA DRIVER'S LICENSE
3. You must provide a copy of your current utility bill: Gas, Electric or Water bill
4. APPLICATIONS ACCEPTED BETWEEN MONDAY, NOV. 9<sup>TH</sup> – FRIDAY, NOV. 13<sup>TH</sup>
5. NO APPLICATIONS WILL BE TAKEN AFTER THE DEADLINE OF NOVEMBER 13<sup>TH</sup>
6. FALSE INFORMATION OR DUPLICATION OF APPLICANTS WILL BE DENIED

Name of Parent/Guardian: \_\_\_\_\_

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

City \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Have you received assistance in the past from any toy drive: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where \_\_\_\_\_

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME, IS TRUE AND CORRECT.

Date: \_\_\_\_\_ Relationship to Children: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Please print your name: \_\_\_\_\_

**DO NOT SIGN BELOW...THIS IS FOR YOUR PICK UP DATE:**

SIGNATURE AT PICK UP : \_\_\_\_\_ DATE: \_\_\_\_\_