

# CHRISTMAS WITH A COP



## CHRISTMAS ASSISTANCE PROGRAM APPLICATION/REGISTRATION FORM

**Shopping date is scheduled for:**

Saturday, December 7, 2019 - 8:00 a.m. - 11:00 a.m. | Registration is at 7:30 a.m.  
Yukon Police Department - Administration Division (405) 354-1551

Child's Name: \_\_\_\_\_ (circle) Male or Female

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

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_

Has any child in the household participated in our program before? (circle) YES or NO

If Yes, please give the child's name and age: \_\_\_\_\_

# of immediate family members in household: \_\_\_\_\_

Estimated Average Household Income: \_\_\_\_\_

Please list any special needs of the child (i.e. wheelchair, ADHD, medications, allergies, etc.):

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Comments: \_\_\_\_\_

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**Please Mail or Drop This Form To:**

Yukon Police Department  
Attn: Susie Wright  
100 S. Ranchwood Blvd.  
Yukon, Oklahoma 73099

**Deadline for Consideration is Friday, November 22, 2019**

I authorize the Yukon Police Department to use photos, and or other likenesses of my child or the child for whom I have legal guardianship for any promotional materials regarding "Christmas with a Cop". The Yukon Police Department reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

Participant's Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is less than 18 years of age)