



2024 Houston Children's Charity Christmas Application



Date of Application: _____ (Please PRINT Clearly)

Parent Name: _____

Spouse Name: _____

Mailing Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: Yes No Number: _____

Cell Phone: Yes No Number: _____

Work Phone: Yes No Number: _____

Marital Status: Married Single Parent Divorced Separated Living Together

Language: English Spanish

What is your monthly household income, including any government assistance? \$ _____

Did you apply for Back2School this year? Yes / No

- If **yes**, please only list **additional** children below

Total number of **GIRLS** you are requesting Christmas gifts for: _____ Total number of **BOYS** you are requesting Christmas gifts for: _____

Total number of **children ages 0-5 years** old you are requesting Christmas gifts for: _____

Total number of **children ages 6-12 years** old you are requesting Christmas gifts for: _____

Total number of **children ages 13-18 years** old you are requesting Christmas gifts for: _____

How many children are in your Legal Custody (18 & UNDER ONLY)?

List all the names of the children you are applying for, **in your legal custody, under the age of 18** and ensure that you attach **birth certificates** for each

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Childs Name: _____ Boy Girl Birth Date: _____ Age: _____

Please provide **ALL** of the following information and then check off that you have attached each item. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL INFORMATION IS CORRECT. HCC WILL NOT CONTACT YOU IF YOU ARE NOT APPROVED.** A hand written letter stating your current situation A copy of your valid photo ID Tax return or check stub (if possible)

A copy of each child's birth certificate OR proof of guardianship (**NO SSN CARDS/PASSPORTS**) A copy of your most current electric bill or most current phone bill

A copy of food stamps award letter, Medicaid letter, or any other form of government assistance award letters (if possible)

IMPORTANT! PLEASE READ: WE WILL NOT ACCEPT SOCIAL SECURITY CARDS.

Participation in this program is limited and will be filled on a first come, first served basis.

Upon receipt of **COMPLETE** application and documentation, you will receive an appointment date in early December via mail or email.

If your contact information changes (phone number or address), please call our office or Email programdirector@houstonchildrenscharity.org to update your information.

By submitting this form you agree to allow pictures of you and/or your children in any HCC publication.

By submitting this form you agree to HCC's Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement located on houstonchildrenscharity.org/waiver/



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**Please mail this completed form along with copies of the required documents listed above to the following address:
Incomplete and Walk-in applications WILL NOT be accepted. EMAIL WILL NOT BE ACCEPTED.**

**Houston Children's Charity
1600 West Loop South, Suite 610 Houston, TX. 77027
Phone (713)524-2878**

Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement

1. In return for being allowed to participate in ANY of Houston Children's Charity programs, including any activities incidental to such participation, I hereby voluntarily and knowingly agree to release, indemnify, defend, hold harmless, and covenant not to sue Houston Children's Charity, and its officers, directors, staff, employees, sub-contractors, sponsors, agents, volunteers, and affiliates for any and all liability, claims, costs, and causes of action, including, but not limited to, any claim arising out of the ordinary negligence of any of the foregoing, that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death that may be sustained by me arising as a result of my participation in program services offered by Houston Children's Charity, or while on the premises owned or leased by Houston Children's Charity.
2. I understand and agree that Houston Children's Charity is not responsible for any injury or property damage arising out of my participation in the program services, even if caused by Houston Children's Charity's ordinary negligence or otherwise. I understand that participation in the program services involves certain risks, including, but not limited to, serious injury and death. Therefore, I assume all risks, including, but not limited to, the risks associated with slipping, falling, tripping, shifting of heavy objects or furniture, loading or unloading vehicles, operation of equipment or tools, or sustaining any type of related injury in connection with my participation with Houston Children's Charity. I am voluntarily participating in the program services with knowledge of the danger involved and I agree to accept all risks of participation, even if arising from the negligence of others.
3. I am of legal age and am freely and voluntarily signing this agreement without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read this WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and understand that by signing this form, I am giving up legal rights and remedies.

Signature: _____

Date: _____