

**Bedford Community Christmas Station**  
**EASTER EGGSTRA EVENT**  
**2023 SIGN UP**

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

Home/Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

**Children That Live In Your Home AND Are in Your Physical Custody:**

<i>Name: (First and Last)</i>	<i>Circle one: Date of Birth:</i>	<i>Age:</i>
_____	<i>Boy / Girl</i> ___/___/___	_____
_____	<i>Boy / Girl</i> ___/___/___	_____
_____	<i>Boy / Girl</i> ___/___/___	_____
_____	<i>Boy / Girl</i> ___/___/___	_____
_____	<i>Boy / Girl</i> ___/___/___	_____

**Guardian's Certification:** I declare to the best of my knowledge that my financial information provided at CSX has not changed and was complete and correct. I certify that the income for my household was accurately presented. I understand that my signature on this form gives BCCS permission to verify my eligibility for assistance. I understand that if I give false information or withhold information in order to make myself eligible for services that I am not entitled to, I can be denied assistance in the future.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**BCCS Witness:** \_\_\_\_\_