

www.ministeriosjuda.org

Non Profit 46-3471177 (951)238 – 4116 (Spanish) (951)823 – 7105 (English)



Event day: December 16th, 2023 © 22109 Rocky Hills Rd., Perris, CA 92570

In orde	er to process your reque	est, please print <u>ALL</u> the inform	ation legibly for	all childr	en ages	12 and be	low.		
Parent/ Guardian Name:					Date:				
Addres	ss:								
Phone #1: Phone # 2:			City	e-mail:	State 		Zip Codel		
	Child's Name			Age			Gender		
	Cilia S	vaille	0 - 2	3 - 5	6 - 8	9 - 12	Male	Female	
	umber of children:	IMPOR							
	• •	be returned by December 1st, 20 , of children's birth certificate / Ch		Records,	Report Ca	ard or Socia	l Security	card of	
3. 4.	You must provide proof You may email this form	of residency. to <u>Ministeriojudatoysfortots@ya</u>	ihoo.com						
	By checking this box, organization or agence	you attest to the fact that you are y.	e not receiving gift	s/toys fo	r your ch	ildren from	any othe	r	
Parent	/Guardian Signature								

IF YOU HAVE ANY QUESTIONS, CONTACT US BY EMAIL OR CALL US.
Ministerio Juda thanks you for taking the time to fill out this application.

May God bless you and your family!