



Please read this for changes to Project Joy due to COVID-19.

Application and release of information forms need to be filled out and mailed or emailed back to Project Joy at the address below. Incomplete applications or release of information forms will not be processed.

We will be preselecting gifts for your children. We are asking for gift ideas for each child as well as special interests they may have and activities they enjoy. Our shoppers will use this information to make gift selections. We cannot guarantee that items requested will be available.

Gift pick up will take place at a scheduled time on Saturday, December 12 at the Old Sanctuary. You will be sent information regarding your appointment one week prior.

Project Joy is only for families with a permanent address in Brookings County. Only children (birth to 18) living in your home full-time are eligible to receive gifts. Any attempt to add children not living with you full-time, will result in removal from the program. You will need to sign a release of information (attached) so that we may verify information provided if needed.

Children birth to 8 years will receive gifts from the "store".

Children 9 to 12 years of age will have the option to receive a gift from the "store" or a gift card.

Children 13 to 18 years of age will receive a gift card (amount to be determined based on donations).

The \$2.00/child application fee will be waived this year. It will be required for 2021.

Check the Project Joy Facebook page or website often for updates [www.projectjoybrookings.com](http://www.projectjoybrookings.com)

If you have questions regarding Project Joy, please call  
Julie Wermers at 697-6106

Return completed form by  
NOVEMBER 13, 2020 to:

Project Joy  
PO Box 8113  
Brookings, SD 57006

or email to  
[brookingsprojectjoy@gmail.com](mailto:brookingsprojectjoy@gmail.com)

Forms received after the November 13, 2020 deadline will be placed on a waiting list.



FOR ADMINISTRATIVE USE ONLY

Family ID# \_\_\_\_\_

Child ID# \_\_\_\_\_ to \_\_\_\_\_

Date Received: \_\_\_\_\_

PROJECT JOY 2020

This form must be completed in its entirety! Incomplete or unsigned applications will not be considered. If your address or phone number change from the time you turn in the form please call or email to update the information.

PARENT/GUARDIAN INFORMATION		
Parent/Guardian First Name		Parent/Guardian Last Name
Address	City	Zip Code
Telephone/Cell Number		Email Address

QUALIFICATIONS	
Are you the CUSTODIAL PARENT/LEGAL GUARDIAN of the children listed on this application?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the children live in your home FULL TIME?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, they live with (answer below)	
First & Last Name (who the children live with)	Address (where the children live)

ADDITIONAL INFORMATION
On occasion we have groups, organizations, and families reach out to Project Joy to inquire about sponsoring a family for Christmas. If given the opportunity, is this something you would be interested, with the understanding that you would choose between Project Joy and being sponsored.
<input type="checkbox"/> Yes, please consider my family for sponsorship <input type="checkbox"/> No, I do not wish to be considered for sponsorship

Signature \_\_\_\_\_

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

By signing this form, you are releasing your name to the Project Joy committee.

**CHILDREN INFORMATION**

Please list all children (even those between 13-18 years) so we can determine the number of gift cards needed.

ID# (for admin. use)	Child's First Name	Child's Last Name		
Date of Birth (Month/Day/Year)	<input type="checkbox"/> Female <input type="checkbox"/> Male	School your Child Attends	Teacher	
Suggested Toy (not to exceed \$50) and Special Interests/Activities				
If this child is 9 to 12 years old (select one) <input type="checkbox"/> I would like a toy/gift from the "store" (include suggestions above) <input type="checkbox"/> I would prefer a gift card for my child				

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**AUTHORIZATION FOR RECORDS RELEASE**

I hereby authorize the mutual exchange of information pertaining to the verification of my contact information (name, address, phone number, number of children living in my home and under my care), including my children's names, dates of birth, eligibility or enrollment in services with:

**The Project Joy Program  
Brookings, South Dakota**

**AND**

**Brookings School District, Sioux Valley School District, Elkton School District, Estelline School District, Women's Infants and Children Program, Department of Social Services, SD Housing Authority, Head Start Program, Early Head Start Program, Birth to Three**

**Namely:**

**Parent First and Last Name(s) and Date of Birth**

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**Children's First and Last Name(s) and Date of Birth**

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**Julie Wermers  
Project Joy**

The extent or nature of the information to be disclosed is to determine eligibility for Project Joy and includes: Contact information for listed parent/guardian for above name children; eligibility and enrollment or participation with listed service providers named above for both children and parent/guardian. This consent expires upon December 31<sup>st</sup> 2020 and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon.

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I have read the above Authorization for Records Release and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this consent. I hereby release and discharge The Project Joy Program from all claims of every nature arising from the disclosure of information pursuant to this authorization. A photocopy of this release shall be as valid as the original.

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Signature of above named person

Date

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Signature of Parent/Guardian/Legal Representative  
(If above named person is under age 18)

Date