

Sea Isle City Division of Recreation – 2024 Santa’s Calling Program Registration Form

(Please Print Clearly)

Phone Number Santa Should Call _____

Child’s Full Name _____ **Male or Female** _____

City Where Child Lives _____

Child’s Age _____ **Child’s School** _____

Teacher’s Name _____

Sibling’s Name(s) _____

Friend’s Name(s) _____

Activities the Child Enjoys _____

Christmas Presents the Child Wants _____

Area Parents Would Like Child to Improve _____

Special Circumstances Santa Should Know _____

Elf on the Shelf Name (if applicable) _____

Please make sure your child is ready for Santa’s phone call by 6:30 pm on the night of the event, because this is the only time Santa is available to call.

By signing this document, the parent or guardian of the child listed above gives permission for a Community Volunteer, who is designated by Sea Isle City’s Division of Recreation, to phone the child and represent “Santa Claus” while utilizing the information listed above on the evening of December 11, 2024.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____ Date: _____