



CHRISTMAS BUREAU

2026 CHRISTMAS BUREAU

ONLY SHAWNEE COUNTY RESIDENTS MAY APPLY

This form must be submitted at Johnston Community Center (2021 SE Market St. Topeka, KS 66607) on 11/2, 11/4, 11/5, or 11/7, 2026.

OFFICE USE ONLY

INTAKE
DATE

REVIEWER
INITIALS

ADULTS

17/UNDER

☐ Echo Ridge

☐ Jackson Towers

☐ Polk Towers

☐ Plaza West

☐ Pine Ridge

☐ Tenn. Town 1

☐ Tenn. Town 2

☐ Tyler Towers

☐ Be Filled

☐ Deer Creek

Information about the adult registering the household.

First Name

Middle Initial

Last Name

SSN last 4

Date of Birth

Gender ☐ Male ☐ Female ☐ Nonbinary

Please check all that apply to your household

☐ Senior (65+) ☐ Veteran ☐ Disabled

☐ Homebound ☐ Pets

If the adults in the household do NOT speak English,
please check one of the options below.

☐ Spanish only ☐ Spanish & English spoken by:

Name/Age

Backup Contact
Name/Relation

Backup
Contact #

Dietary
Restrictions

SIGNED UP IN 2025? >>

☐ YES ☐ NO

Street/
Apt #

City

ZIP

Cell Phone #

Cell Phone
Owner

Email

Please check the description that best matches your
household. Children are 17 and under.

☐ Multiple Adults
w/children

☐ Grandparents
w/children

☐ 1 Adult w/children

☐ Single Adult

☐ Multiple Adults
(no children)

What would you like your adopter to know about you?

CHRISTMAS BUREAU RELEASE FORM AND WAIVER

Information on this application may
be discussed with, or additional
information sought from any other
person (persons) or entity necessary
in order to make a final accurate
determination of eligibility.

This information will be entered into
a database. By this consent, I shall
hold the Christmas Bureau harmless
for any liability that it may incur as a
result of any disclosure made within
bounds of my consent and
authorization. I, the undersigned,
verify the statements to be true to
the best of my knowledge.

Printed Name of Adult
Registering the Household

DO NOT SIGN UNTIL
you are in the presence of a
Christmas Bureau volunteer

Signature

Date

Witness

This form is to be signed in presence of a Christmas
Bureau volunteer after the household
eligibility has been verified.

PLEASE LIST ALL HOUSEHOLD MEMBERS AND WISH LIST ITEMS ON THE BACK OF THIS FORM

HOUSEHOLD MEMBERS & GIFT LIST - If your household has more than 6 members, use an additional form.

ADDRESS

Gift/Wish List Items
(Total Gift Price Max Per Person \$45)
Gifts are not guaranteed so please provide several suggestions.
If asking for clothes/shoes, include sizes.

	Full name for EACH household member	Last 4 SSN	Date of Birth	Gender		
YOU	First Name			☐ M ☐ F ☐ NB		
	Last Name					
2	First Name					
	Last Name					
3	First Name			☐ M ☐ F ☐ NB		
	Last Name					
4	First Name					
	Last Name					
5	First Name			☐ M ☐ F ☐ NB		
	Last Name					
6	First Name					
	Last Name					

USE AN ADDITIONAL FORM FOR MORE THAN 6 HOUSEHOLD MEMBERS