



Kinship, Adoptive, & Foster Parent Association of Santa Clara County

November 6, 2009

Dear KAFPA Association Members,

We are pleased to inform you that the KAFPA's Operation Santa program, will provide holiday gifts for the children in your home this year once again!

Through charitable donations we have received many new gifts from which to make your selection. Presents will be available for each child living in your home (kinship, adopted, foster, and biological). It is a one day event which makes it important for you to come in arrive on time for your shopping appointment.

OPERATION SANTA (Toy Distribution)

Sunday, December 13, 2009

9am-3pm.

DAAS Auditorium, bldg. 1

333 W. Julian Street, San Jose, CA 95110

Steps

1. Please submit form by **Tuesday, November 24th** to the KAFPA Resource Center. All forms **MUST** be received by this date – **NO EXCEPTIONS.** You will NOT be able to shop for gifts if you do not return the form.
2. Once your form is received by the Resource Center staff, you will be mailed a confirmation form.
3. **You MUST bring the confirmation form with you in order to select your gifts on the day of Operation Santa. Reminder: No Children are allowed in the auditorium for Operation Santa.**

If you have any questions please call the Resource Center at **(408) 975-5309.**

Happy Holidays!

KAFPA Resource Center Staff

Board of Directors

President

Dawn Haddaway

1st Vice president

Lisa Traxler

VP of Human Relations & Secretary

Isabel Gonzalez

VP of Fundraising & Treasurer

Devora Davis

2nd Vice president

Juanita "Janie" Ramos

VP of Community Events

Dodi Lindsay

Membership Chair

Carolyn Sidbury

Honorary Members/ Community Relations

Nolberta Dominguez

Johnnie Williams

Political Liaison

Denise Marchu

Operation Santa

Registration Form

DEADLINE: Tuesday,
November 24, 2009



Submit Form

KAFPA Resource
Center
373 W. Julian Street,
Bldg. 2, 1st floor
San Jose, CA 95110

Contact Information

Parent Name:			
Address:			
Phone #:			
Number of Foster Children in your care:			
Social Worker Name:			
Phone #:			
Shopping Time Preference (Please Circle)	9-10am	10 - 11am	11 - 12pm
	12 - 1pm	1 -- 2pm	2 - 3pm

Shopping for:

Name of Child	Age	Fost/Adopt/Bio	M/F
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____