



# Back to School Clothing Program

Bay County Kids - Preschool through 12<sup>th</sup> Grades

Parent/Guardian's Name: \_\_\_\_\_  
 2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Message Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Total Family Size: \_\_\_\_\_  
 School Aged Kids: \_\_\_\_\_  
 Total Monthly Household Income:  
 \$ \_\_\_\_\_  
 DHS Case #: (if applicable) \_\_\_\_\_

Provide the following information for all school aged children in the home based on what **size and grade they will be in September**. Clothes can be exchanged for correct sizes. Please make sure you write in a **category with each size**; listed in box. Example provided.

**Size Categories: Toddlers, Boys, Girls, Juniors, Womens, or Mens**

Child's First & Last Name	Sex	Age	School	Grade	Shirt Size & Category	Pant Size & Category	Shoe Size & Category
<i>Susan Smith</i>	<i>F</i>	<i>9</i>	<i>Eastern Elementary</i>	<i>3rd</i>	<i>8-10 Girls</i>	<i>7 Girls</i>	<i>3.5 Girls</i>

**Families will be signed up the order the applications are received.** Our ability to help is based on donations; therefore United Way cannot guarantee your family will be assisted.

I give United Way my permission to verify any information provided on this form and to share my information with other human service agencies if needed.

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



Return completed form to:  
**United Way of Bay County**  
 United Way Non-Profit Center  
 909 Washington Avenue, Suite 2  
 Bay City, MI 48708  
 Fax: 989-893-0087  
 Questions: Call 989-893-7508 x 15  
**Deadline to apply is August 5, 2011**

