

KEEP KIDS WARM/AAC WINTER CLOTHING PROGRAM

*****NOTE: EACH CHILD REQUIRES HIS/HER OWN APPLICATION***
PLEASE PRINT!!!!!!**

Child' Name: _____
First Middle Last

Parent/Guardian: _____
First Middle Last

Resident Address: _____
Civic Address and/or 911 #

Municipality

Phone Number and Alternate Number

EMAIL ADDRESS: _____

(0-12yrs) AGE _____

Clothing preference: MALE _____ FEMALE _____ GENDER NEUTRAL _____

ARTICLE OF CLOTHING REQUIRED – PLEASE CIRCLE ITEMS NEEDED:
PLEASE NOTE: we are unable to guarantee snow pants for Adult sizes.

1 pc snowsuit 2 pc snowsuit winter coat boots

CLOTHING SIZES: (Circle the category and write in the size)

INFANT _____ TODDLER _____ CHILD _____
(6M, 12M, 18M, 24M) (2 , 3, 3X) (4, 5, 6, 6X)

YOUTH _____ OTHER _____
(8,10,12,14,16) (Mens /Ladies: Small, Med, Large, X-Large)

FOOTWEAR SIZES: (Circle the category and write in the size)

INFANT _____ CHILD _____ YOUTH _____ ADULT _____
(4-5) (6-10) 11-6) (Ladies: 5 to **11 ONLY**)
(Men's : 7 to **12 ONLY**)

Did your child receive assistance from Keep Kids Warm/AAC or other clothing programs last year?

Yes _____ No _____

**The following section must be completed in order for the request to be processed:
(Custodial Parent/Guardian named below must sign).**

I, _____, give my consent allowing this information to be
(Print name of custodial parent)

used for the sole purpose of determining my eligibility for the Keep Kids Warm/AAC Program.

Signature _____ Date: _____
Custodial Parent/Guardian

Signature _____ Date: _____
Witness

Note: Completion of this form does not necessarily ensure that the Keep Kids Warm/AAC Program will be able to assist the names on this form.