



Back to School Ministry Application Instruction Form

CLOTHE-A-KID FOR SCHOOL Ministry and SCHOOL SUPPLIES Ministry

A Ministry of **Love In the Name of Christ**, 3300 Van Buren, Hudsonville MI 49426
Tel. (616) 662-3300, website: loveinthenameofchrist.org
Serving Hudsonville, Jenison, and the City of Grandville

Parents: If your child(ren) **Preschool through 8th grade ONLY** are in need of new clothing and new school supplies for the 2013/2014 school year, please follow these steps:

1. **Call the Love INC Clearinghouse for an intake from 9:00 am to 1:00 pm, Monday through Thursday, no later than JUNE 6, 2013** (question & answer session). If you are not able to call during those hours, please leave a message and we will return your call - Tel. (616) 662-3300.
2. Please fill in the back of this form (one form per child!).
3. Return the form(s) to Love INC **no later than THURSDAY, JUNE 6, 2013**
4. **If approved**, you will be notified by mail in early August with date & location to pick up the items.

Please note, if you have a child with diagnosed Special Needs (any grade), please call the Clearinghouse.

In order for us to be able to process your application(s), please make sure to call the Clearinghouse before returning your form(s). Thank you!

We are here to help and serve you!

Love In the Name of Christ, 3300 Van Buren, Hudsonville MI 49426
Tel. (616) 662-3300, website: loveinthenameofchrist.org
Clearinghouse Hours: Monday – Thursday 9:00 am – 1:00 pm
Office Hours: Monday – Friday 9:00 am – 4:00 pm
Serving Hudsonville, Jenison, and the City of Grandville



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Please fill in a separate application for each child!

PRINT CLEARLY IN INK (NO PENCIL):

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's School: _____ Grade Level This Fall: _____

Parent/Guardian Signature: _____

Child's First Name: _____ Sex: _____ Birth Date: _____

Child's Age: _____ Child's Height: _____ Child's Weight: _____

Any other special considerations? _____

<u>SIZE</u>	<u>ITEM</u>	<u># of ITEMS YOUR CHILD WILL RECEIVE</u>
_____	Pants (Please be specific on size) (Waist & length if needed)	1
_____	Shirts (Please be specific on size) (Girl, boy, men, women)	2
_____	Socks _____ Shoe Size (Shoe size needed to purchase socks)	3 pairs of socks (or 1 pkg.)
_____	Underpants	3 pairs (or 1 pkg.)
_____	Sweater or Sweatshirt (circle preference)	1

Does your child need a new **backpack**? _____ Yes _____ No

Does your child need new **school supplies**? _____ Yes _____ No

PLEASE FILL IN ONE FORM PER CHILD. DROP OFF, MAIL, OR FAX (616) 662-2850 THE FORM(S) BACK
NO LATER THAN THURSDAY, JUNE 6, 2013 to:
Love INC, 3300 Van Buren, Hudsonville, MI 49426

Office Use Only: Designated Letter and Number given: _____

Intake complete: _____ Clearinghouse: _____
LHP: _____