Children In Need, Inc.

Client Application Form

PLEASE PRINT

8/20/2015

Date:_____

Parent/ Guardian
Name:_____Male___Female___Race____

Name of head of household_____Male___Female___Race____

Address:_____

City:_____, MD Zip code:_____

Driver's License or Maryland Identification #
_____

Email address:_____

Phone #_____Phone #_____

Other than yourself, who can shop for your children:
_____

List all children in your custody.

Children's Names:

Last Name	First Name	Birth Date	Sex	Race	School	Grade
		____/____/____				
		____/____/____				
		____/____/____				
		____/____/____				
		____/____/____				
		____/____/____				
		____/____/____				
		____/____/____				
		____/____/____				

Parents: By filling out and signing this form you are giving Children In Need, Inc permission to verify your children's status with the Food & Nutrition Department and Student Services Department at the Washington County Board of Education, Head Start of Washington County or any school you listed on this form.

Signature_____

A-Asian American/ Pacific Islander
B- Black/ African American
H- Hispanic American/ Latina
N- Native American/ American Indian
W- White/ European American
O- Other

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