

REFERRAL FORM
THE CHILDREN'S CLOTHING CENTER

(This form may be copied)

NEW DAY – NEW TIME

Please provide the following information:

Director or Supervisor: _____ Date: _____
(Signature required)

School: _____

Parent/Guardian Name: _____

Address _____ Phone _____

City _____ Zip _____

Number of children in school: _____

Parent or guardian-please complete the following information and bring to clothing center

Child's Name _____ Age ____ Grade ____ School _____ Size _____

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Child's Name _____ Age ____ Grade ____ School _____ Size _____

Child's Name _____ Age ____ Grade ____ School _____ Size _____

Child's Name _____ Age ____ Grade ____ School _____ Size _____

The information provided is accurate and up to date as of this day.

Parent or Guardian: _____ Date: _____
(Signature required)

CHILDREN'S CLOTHING CENTER OF DELAWARE COUNTY, INC.

Location: St. Lawrence Trinity Community Center Building
920 East Charles Street (second floor)

Opened: August –May
Tuesday, Noon ~ 4 pm