

REFERRAL FORM THE CHILDREN'S CLOTHING CENTER

(This form may be copied)

Please provide the following information:

Principal or School Nurse: _____ 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 _____

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

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

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

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

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

I certify that the information above is correct and up to date.

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



CHILDREN'S CLOTHING CENTER OF DELAWARE COUNTY, INC.
Location: 100 W. Main Street, Room 301, Muncie, IN 47305
Hours: Wednesdays from 1pm-3:45pm
For more info: Contact Gloria Adams at (765) 635-3600
***Parent or Guardian must have current photo ID.**