

Proctor Kids Closet Referral Please print on this form.

Parent Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone to contact \_\_\_\_\_

Name of referring person \_\_\_\_\_

Check possible appointment time: \_\_\_Morning 9:00 - 11:00 \_\_\_1:00 - 3:00 P.M. \_\_\_Evening 5:00 - 7:00 P.M.

Does this family participate in \_\_\_Free lunch \_\_\_reduced lunch \_\_\_military active duty  
(This does not affect eligibility. This helps with fundraising efforts)

We need information on each eligible child in this family enrolled in a preschool program through 5th grade. One form and one visit per family, please!

Name _____	Name _____	Name _____	Name _____
___boy___girl	___boy___girl	___boy___girl	___boy___girl
___grade	___grade	___grade	___grade
___shoe size	___shoe size	___shoe size	___shoe size
___pants size	___pants size	___pants size	___pants size
___tops size	___tops size	___tops size	___tops size

NEEDS:	NEEDS:	NEEDS:	NEEDS:
___gym shoes	___gym shoes	___gym shoes	___gym shoes
___winter boots	___winter boots	___winter boots	___winter boots
___winter jacket	___winter jacket	___winter jacket	___winter jacket
___snow pants	___snow pants	___snow pants	___snow pants
___school clothes	___school clothes	___school clothes	___school clothes
___underwear	___underwear	___underwear	___underwear
___socks	___socks	___socks	___socks
___light jacket	___light jacket	___light jacket	___light jacket
___all of the above	___all of the above	___all of the above	___all of the above

CHECK OFF LIST

\_\_\_FOOT DRAWING - Please draw your child's food on the back of this form if your child will not be available for the appointment.

\_\_\_TRANSPORTATION - We will need transportation to the Kids Closet

Other needs? \_\_\_\_\_

Contact Bay View Elementary School - Lynn Peterson, Family Liaison 218-391-3825