

“NEW BEGINNINGS”

“He who has two coats, let him share with he who has none” *Luke 6*

Completed form must be returned no later than Friday, May 17, 2024.

SCHOOL YEAR 2024-2025

Guardian's Name: _____ **Office use:** Family Code: _____

Child's Name: _____

Address: _____ Circle one: WTN/OAK

Contact #: _____ Email Address: _____

- All items are donated. Due to the economic climate not every item may be chosen, *sorry*.
- **Completed forms are due back NO LATER THAN Friday, May 17, 2024. One application PER child.**
- Every effort will be made to accommodate.
- Back packs are not guaranteed for every child. All items are donated.

Disclaimer:

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this program. I am fully aware that the program I am choosing to participate in, is not run by the Watertown Social Services and that we are not responsible for the contents or condition of any items within the boxes you may receive. I am aware that the Watertown Social Services is unable to replace any incorrectly sized items and I will be overly careful when filling out this form. The Watertown Social Services does not facilitate the “New Beginnings” program and no boxes are packed by our staff. By filling out this form you agree to save harmless all Town of Watertown officers, employees, designees, consultants, agents, and directors (hereinafter representatives) from all claims and liability of whatever arising from the receipt of these items. I have read and understand this release, indemnification, and hold harmless form and I voluntarily sign it.

Signature: _____ Date: _____

Male / Female Age: _____ School Attending: _____ Grade in Sept: _____

Height: _____ Weight: _____ OTHER: _____

Clothing Needed: circle Girls / Boys / Juniors / Petites / Women's / Men's / Plus Size
(Child size) (Child size) (Teenagers) (Adult size) (Adult size) (Adult size) (Adult Size)

*Childs favorite color- _____ * Sports Team _____ *Super Hero _____

Shirt Size: _____ Color _____ Style _____

Pant Size: _____ Color _____ Style _____ (W) _____ (L) _____

Jacket Size: _____ Color _____ Style _____

Sock Size: _____ Color _____ Style _____

Underwear Size: _____ Color _____ Style _____

Additional information of your child's preferences/special needs, etc _____

(Please double check sizing - we are not responsible for any mistakes made and will not be able to replace ill-fitting clothes)

Office use: Family Code _____