



WELCOME!

The following information will help us to serve you better. Thanks for participating!

Parent/Legal Guardian Name: _____

Zip Code: _____ Telephone #: _____

| | |
|---|---|
| <p>Child #1 Name: _____ Gender M__ F __ Age: _____ Grade: _____ School: _____ Shoe Size: _____ Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</p> | <p>Child #2 Name: _____ Gender M__ F __ Age: _____ Grade: _____ School: _____ Shoe Size: _____ Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</p> |
| <p>Child #3 Name: _____ Gender M__ F __ Age: _____ Grade: _____ School: _____ Shoe Size: _____ Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</p> | <p>Child #4 Name: _____ Gender M__ F __ Age: _____ Grade: _____ School: _____ Shoe Size: _____ Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</p> |
| <p>Child #5 Name: _____ Gender M__ F __ Age: _____ Grade: _____ School: _____ Shoe Size: _____ Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</p> | <p>Child #6 Name: _____ Gender M__ F __ Age: _____ Grade: _____ School: _____ Shoe Size: _____ Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</p> |

Back2SchoolElkhart will offer the following services:

- | | |
|--|--|
| <input type="checkbox"/> Hair Cut/Hair Style | <input type="checkbox"/> Food Pantry Items |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Health Fair (immunizations/physicals) |
| <input type="checkbox"/> Backpacks/School Supplies | <input type="checkbox"/> Shoes (feet washing included) |
| <input type="checkbox"/> Information Tables | <input type="checkbox"/> Music/Concert |
| <input type="checkbox"/> Games for the children | <input type="checkbox"/> Snacks/Food Vendors |

Please return the form to Back2SchoolElkhart by **Saturday July 31st, 2010**

215 E. Indiana Ave Elkhart, IN 46516

Phone: 574-333-3549

Fax: 574-485-2222

IMPORTANT: All services are in a first come first serve basis. The information you provide prior to the event will help us to plan accordingly but is not a guarantee of service. Thanks for your understanding.