Date: _____

# The Community FoodBank of New Jersey – Kids Division
# Kids Closet Clothing Form

Complete Agency Name: _____ FoodBank Agency Number: _____

Agency Contact Person: _____ Phone : _____ Email: _____

| Done ✓ | # | Child's Full Name | Age | Gender | Child Size | Shoe Size | Coat ✓ | Shoes ✓ | Winter Access. ✓ | Parent/Guardian Signature (sign upon receipt of clothing, only) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
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| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |

Page ____ of ____

***Copy form as needed***

**Agency Receipt Line** Pick up date: _____

Print Name: _____ Signature: _____

**Agencies are now required to maintain a copy of this signed form in their files for 3 years.**

The Kids Closet, Community FoodBank of New Jersey, 31 Evans Terminal Road, Hillside, NJ 07205 908-355-3663 www.njfoodbank.org, kids@njfoodbank.org