

Children In Need, Inc.
Client Application Form
PLEASE PRINT

Date: _____

Parent/ Guardian
 Name: _____ Male ___ Female ___ Race ___

Name of head of household _____ Male ___ Female ___ Race ___

Address: _____

City: _____, MD Zip code: _____

Driver's License or Maryland Identification #

Email address: _____

Phone # _____ Phone # _____

Other than yourself, who can shop for your children:

List all children in your custody.

Children's Names:

Last Name	First Name	Birth Date	Sex	Race	School	Grade
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Parents: By filling out and signing this form you are giving Children In Need, Inc permission to verify your children's status with the Food & Nutrition Department and Student Services Department at the Washington County Board of Education, Head Start of Washington County or any school you listed on this form.

Signature _____

- A-Asian American/ Pacific Islander
- B- Black/ African American
- H- Hispanic American/ Latina
- N- Native American/ American Indian
- W- White/ European American
- O- Other