



a program of **Westchester Jewish Community Services**

KIDS' KLOSET REQUEST FORM

Please e-mail this form to: kidskloset@wjcs.com

or

Fax: 914 831-7032

Program Name: _____

Contact Name: _____

Contact Phone #: _____

Contact e-mail: _____

Date Requested: _____

1. Child's First Name _____ Gender: M F

Age: _____ Body Type: Slender _____ Average _____ Husky _____

Size: Top _____ Bottom _____ Coat (Y or N) Shoe _____ Boots (Y or N)

Additional information:

2. Child's First Name _____ Gender: M F

Age: _____ Body Type: Slender _____ Average _____ Husky _____

Size: Top _____ Bottom _____ Coat (Y or N) Shoe _____ Boots (Y or N)

Additional Information:

PLEASE LOOK ON BACK - - - - - >

3. Child's First Name _____ Gender: M F

Age: _____ Body Type: Slender____ Average____ Husky____
Size: Top _____ Bottom____ Coat (Y or N) Shoe _____ Boots (Y or N)
Additional information: _____

4. Child's First Name _____ Gender: M F

Age: _____ Body Type: Slender____ Average____ Husky____
Size: Top _____ Bottom____ Coat (Y or N) Shoe _____ Boots (Y or N)
Additional information: _____

5. Child's First Name _____ Gender: M F

Age: _____ Body Type: Slender____ Average____ Husky____
Size: Top _____ Bottom____ Coat (Y or N) Shoe _____ Boots (Y or N)
Additional information: _____

OTHER ITEMS:

Backpack

Pack n Play:

Diaper size: Newborn 1 2 3 4 5 6

Pull-up size: _____

If you have any questions, please call Stephanie Roth, Director, Kids' Kloset:

{914} 831 7616

kidskloset@wjcs.com