



PERRY COUNTY BACK 2 SCHOOL 2022

online application also available at www.joinhands.help/back-to-school-program

Name: _____ (first, middle, last)

Mailing & physical address (include town/zip) _____

Phone (required) (_____) _____ Church Affiliation: _____ (if any)

Email: (_____) _____

UPDATE, we will be in touch to schedule you. Be sure to have your voicemail working and cleared out. Also, if we cannot reach you by phone, we will try to reach you by email. The dates we are scheduling appointments are, Mon/Tue/Wed/Thur, August 8th, 9th, 10th and 11th.

We are SO happy you are allowing us to aid you as Perry County Parents and/or Guardians of Perry County children. This is a program designed to allow and empower Perry County school children from kindergarten through 12th grade to be able to choose their own school supplies.

CHECK BOX: You understand that,

- A parent or guardian must apply for children to be eligible and students must live in and go through a Perry County School District.
- A Join Hands Ministry volunteer will guide your child through the process while you wait in the lobby.
- Applicant being untruthful will be disqualified from the participation in the Holiday Network and Back to School for a minimum of one year.
- Children must be present to choose their supplies.
- Not all applications are guaranteed approval due to limited sponsors/resources.
- Parent or Guardian can only sign up a child of whom they are the custodial parent and/or legal guardian.
- If you did not use your shoe voucher last year you will **NOT** be issued one this year.

Child 1

Name: _____ (first, last) GENDER: _____

GRADE: _____ SCHOOL: _____ FREE HAIR CUT? **YES / NO**

SHOE SIZE: _____ YOUR RELATIONSHIP TO CHILD: _____

Child 2

Name: _____ (first, last) GENDER: _____

GRADE: _____ SCHOOL: _____ FREE HAIR CUT? **YES / NO**

SHOE SIZE: _____ YOUR RELATIONSHIP TO CHILD: _____

Child 3

Name: _____ (first, last) GENDER: _____

GRADE: _____ SCHOOL: _____ FREE HAIR CUT? **YES / NO**

SHOE SIZE: _____ YOUR RELATIONSHIP TO CHILD: _____

Child 4

Name: _____ (first, last) GENDER: _____

GRADE: _____ SCHOOL: _____ FREE HAIR CUT? **YES / NO**

SHOE SIZE: _____ YOUR RELATIONSHIP TO CHILD: _____

If there are more children, please staple a piece of paper.

Please flip over to finish

DISCLOSURE AND ACKNOWLEDGEMENT:

CHECK BOX: Information on completed application will be verified with agencies in and out of the network. Once applications have been screened for completeness and accuracy, information will then be shared with Network sponsors to coordinate Back to School assistance.

PARENTS/GUARDIANS:

CHECK BOX: I Understand that, Join Hands team of volunteers will accompany my children allowing them to choose the school supplies they want/need.

APPLICANTS:

CHECK BOX: I Understand that, I can only sign up children in which I am the custodial parent or legal guardian of and the children must reside in the applicants' household and be considered a Perry County resident. Not all applications are guaranteed approval due to limited sponsors/resources.

Signature of Parent and/or Guardian,

Application signature: _____ Date: _____

PARENTS/GUARDIANS: Hair Cuts & Shoe Vouchers

***COMMUNICATION ABOUT a VOUCHER IS TO ONLY GO THROUGH JOIN HANDS MINISTRY.**

I Understand that, Shoe Vouchers are usable at **Country Footwear and More**, 221 Market Street, Newport. **This year, VOUCHERS can only be used for SNEAKERS!**

_____ Yes, I'd like a Shoe Voucher for my child(ren). **OR**

_____ Yes, I only need this many Shoe Vouchers.



I Understand that, if I have checked that my child/children will be getting a free haircut, that their hair will be clean prior to my appointment. Haircuts will be with **Amy at Curl Up and Dye with Style**, 21 S Carlisle St New Bloomfield.

_____ Monday, August 15th (we'll call you to schedule specific time)

_____ Wednesday, August 17th (we'll call you to schedule specific time)

_____ No, we're good. Thank you, anyway.



TO PICK UP BACK PACKS WITH SUPPLIES:

You will be assigned a time to come based on your availability and the order in which you applied; and we will call you with the time to bring your children, about a week before we start. Unfortunately, if you show up before your schedule time, you will be asked to come back later.

If you miss your appointment, you will be given time the following week to pick up.

Back 2 School Program is **Mon, August 8th, Tue, August 9th, Wed Aug 10th and Thur Aug 11th.**

You will be called with a time to bring your children. The earlier we receive your application, the better chance you will get your first choice of times.

You must list the times during these three days when you will NOT be able to come. Also let us know if one or more of your children need a separate time.

- _____ -
- _____ -

Returned completed application to:

Join Hands Ministry, 51 South Church Street, PO Box 335, New Bloomfield, Pa 17068, (717) 582-7844