

Community Partners of Denton Co.

RTC KIDS Christmas information

PLEASE PRINT LEGIBLY

Child Information

Child's Name

Last *First* *MI*

Age *Sex* *Race/Ethnicity*

Case Worker Information

Caseworker

Last *First* *Cell Phone#*

Supervisor's Name *Cell Phone #*

**Please Print Legibly
RTC NAME**

RTC ADDRESS

Include complete address and Zip code

RTC CONTACT

Name *Title* *Phone #*

IMPORTANT: ON CLOTHES SIZES – INDICATE WHETHER CHILD, TEEN OR ADULT SIZES

Sizes

Pants Size: _____ Shirt Size: _____

Shoe Size _____ Fav. Color _____

Likes/ Preferences

Child's Likes/Wishes **1)** _____

2) _____

3) _____

NOTE: Attach a sheet if more than 3 lines needed
Revised 1-2014