



Montclair Tabernacle Church of God Back Pack Bash Carnival Saturday, August 18, 2018 from 10:00 AM – 2:00 PM



Montclair Tabernacle Church of God's Back to School Bash a ministry, is designed to assist those who need a little help providing school supplies for their children. All referrals are kept strictly confidential.

Children must be present with the parent/guardian to receive school supplies and/or back packs.

(DEADLINE FOR ALL REFERRALS is Thursday, August 16, 2018.) Scan and E-mail forms to chapmanhs@pwcs.edu or you may Fax forms to 703-897-0808 (church fax no.)

All referrals must come via a church member or Prince William County Public Schools—Social Worker/ Guidance Counselor/Case Manager, Military Chaplain or Office of Comprehensive Child Study. We will distribute school supplies until they run out, at which time we will end the event.

We rely on donations of all materials and supplies therefore; we will do our best to meet the needs of everyone Who is registered by **August 16** but are under no legal obligation beyond what we have donated for this event. Clothing is gently used donated items. All games and snacks provided by the church are free to all participants. Additional vendors alternatively, booths may be set up with no obligation to any participants.

Montclair Tabernacle Church of God is located at 16120 Dumfries Rd, Dumfries, VA 22026. **703-670-8907**

Parent First & Last Name(s): _____ Cell Phone: _____

Mailing Address: _____ ZIPCODE: _____

Email: _____ Alternate Contact: _____

Total School Aged Children in Household _____ Initialed by Referring Agency _____

Relationship to Referral:

Contact -Printed Name: _____ Cell Phone: _____ E-mail: _____

Title: _____

Please list all names / gender / ages of the children on the attached page(s). We will provide each registered parent/guardian the opportunity to select clothing from the clothing closet, and a bag of school supplies for each registered school-age child.

Due to the large number of requests for assistance this year, we are limited on resources and wish to help as many as possible, however only those families with referral forms can be assisted on the day of the event—Saturday, August 18, 2018 and must be verified applicants.

For More information, please contact:

chapmanhs@pwcs.edu or mchappy365@aol.com or montclairtab.org or call 703-670-8907 please state your name and the best phone number to reach you at.

You must show your ID when checking in at the registration table. All children receiving school supplies must be present at check in. Games and activities are provided for children while parents are visiting the Clothing Closet or School Supply Station.

I certify that I am eligible to participate in this program and am not receiving assistance from multiple agencies. I am requesting assistance for the school aged children living in my household during the 2018-2019 school year.

Signature

Date

Montclair Tabernacle Back to School Bash: Saturday, August 18, 2018

Child 1: _____ Age: _____ Gender: _____ School: _____ Grade _____

Child 2: _____ Age: _____ Gender: _____ School: _____ Grade _____

Child 3: _____ Age: _____ Gender: _____ School: _____ Grade _____

Child 4: _____ Age: _____ Gender: _____ School: _____ Grade _____

Child 5: _____ Age: _____ Gender: _____ School: _____ Grade _____

Child 6: _____ Age: _____ Gender: _____ School: _____ Grade _____

Child 7: _____ Age: _____ Gender: _____ School: _____ Grade _____

Child 8: _____ Age: _____ Gender: _____ School: _____ Grade _____

Montclair Tabernacle Church of God contact information: montclairtab.org 703-670-8907 phone.
Montclair Tabernacle Church of God Back to School Bash Ministry 2018 and Partnering Agency Referral Form

To be completed by social worker, guidance counselor, military base chaplain or Comprehensive Child Study office.

- This family is a current client of our agency.

My signature indicates that I am referring the _____ family to the Montclair Tabernacle Church of God Back to School Bash Ministry. I understand that I may be contacted to verify this referral.

Referring- Agency Contact Person's Signature

Printed Name

Date