



# Montclair Tabernacle Church Back to School Bash and Carnival



Saturday, August 17, 2019 from 10:30 AM – 2:00 PM

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

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

**(DEADLINE FOR ALL REFERRALS is Friday, August 5, 2019.)** Scan and E-mail forms to Helene Chapman at [chapmanhs@pwcs.edu](mailto:chapmanhs@pwcs.edu) or you may Fax forms to 703-897-0808 (church fax no.)

All referrals must come either through a church member or through Prince William County Public Schools—Social Worker/Guidance Counselor/Case Manager, Military Chaplain or Office of Comprehensive Child Study in advance of the Back Pack Bash Event. 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 5 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 or, 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

Family Last Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Total School Aged Children in Household \_\_\_\_\_ Initialed by Referring Agency \_\_\_\_\_

*--Please, include the 2<sup>nd</sup> page of this referral sheet with application. 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 help this year, we are limited on resources and wish to help as many as possible, however only those families with referral forms can be helped on the day of the event—Saturday, August 17, 2019 and must be verified applicants.***

For More information, please contact:

[chapmanhs@pwcs.edu](mailto:chapmanhs@pwcs.edu) or [mchappy365@aol.com](mailto:mchappy365@aol.com) or [montclairtab.org](http://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 take part in this program and am not receiving help from multiple agencies. I am requesting help for the school aged children living in my household during the 2019-2020 school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 \_\_\_\_\_

**Montclair Tabernacle Church of God contact information:**

Helene Chapman at [montclairtab.org](http://montclairtab.org) or by phone at 703-670-8907.

**Montclair Tabernacle Church of God Back to School Bash Ministry 2019 and Partnering Agency Referral Form**

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

Partnering Agency: \_\_\_\_\_ Base School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\*Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
**Referring Agency Contact Person's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**