

APPOINTMENT DATE: _____ **TIME:** _____

To help us better serve you, please come prepared with the following:

Complete one sheet per child prior to your appointment. Please fill in as much information as possible so donors can best shop for your children.

TOTAL NUMBER OF CHILDREN: _____

Child's Name: _____

Date of Birth: _____ **Child's Age:** _____ **Child's Grade:** _____

Gender: Male Female Non-binary

SHIRT SIZE:

Infant Size (months)

- 0 - 3
- 3 - 6
- 6 - 12
- 12 - 18
- 18 - 24

Toddler Size:

- 2T
- 3T
- 4T
- 5/6T
- 7 Other_____

Youth/Child Size:

- XS (2-4)
- S (6-8)
- M (10-12)
- L (14-16) XL
- Other_____

Adult Size:

- XS S
- M L
- XL XXL
- Other_____

PANT SIZE:

Infant Size (months)

- 0 - 3
- 3 - 6
- 6 - 12
- 12 - 18
- 18 - 24

Toddler Size:

- 2T
- 3T
- 4T
- 5/6T
- 7 Other_____

Youth/Child Size:

- XS (2-4)
- S (6-8)
- M (10-12)
- L (14-16) XL
- Other_____

Adult Size:

- XS S
- M L
- XL XXL
- Other_____

SHOE SIZE:

Infant Size (months)

- 0 - 3
- 3 - 6
- 6 - 12
- 12 - 18
- 18 - 24

Toddler Size:

- 2 3
- 4 5
- 6 7
- 8 9
- 10 Other_____

Youth/Child Size:

- 11 12
- 1 2
- 3 4
- 5 6
- 7 Other_____

Adult Size:

- 5 6
- 7 8
- 9 10
- 11 12
- 13 Other_____

Favorite Color(s): _____

Favorite Character: _____

Favorite Hobby: _____

Favorite Sport/Activity: _____

Favorite Store(s): _____

Special Clothing Requests: _____

Special Toy Requests: _____

Tell us something about your family: _____

Do you use other Beverly Bootstraps' services? Yes No

Spanish, Portuguese, Albanian, and Arabic translations available upon request.

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<input type="checkbox"/> 0 - 3	<input type="checkbox"/> 2T	<input type="checkbox"/> XS (2-4)	<input type="checkbox"/> XS <input type="checkbox"/> S
<input type="checkbox"/> 3 - 6	<input type="checkbox"/> 3T	<input type="checkbox"/> S (6-8)	<input type="checkbox"/> M <input type="checkbox"/> L
<input type="checkbox"/> 6 - 12	<input type="checkbox"/> 4T	<input type="checkbox"/> M (10-12)	<input type="checkbox"/> XL <input type="checkbox"/> XXL
<input type="checkbox"/> 12 - 18	<input type="checkbox"/> 5/6T	<input type="checkbox"/> L (14-16) <input type="checkbox"/> XL	
<input type="checkbox"/> 18 - 24	<input type="checkbox"/> 7 <input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

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Infant Size (months)	Toddler Size:	Youth/Child Size:	Adult Size:
<input type="checkbox"/> 0 - 3	<input type="checkbox"/> 2T	<input type="checkbox"/> XS (2-4)	<input type="checkbox"/> XS <input type="checkbox"/> S
<input type="checkbox"/> 3 - 6	<input type="checkbox"/> 3T	<input type="checkbox"/> S (6-8)	<input type="checkbox"/> M <input type="checkbox"/> L
<input type="checkbox"/> 6 - 12	<input type="checkbox"/> 4T	<input type="checkbox"/> M (10-12)	<input type="checkbox"/> XL <input type="checkbox"/> XXL
<input type="checkbox"/> 12 - 18	<input type="checkbox"/> 5/6T	<input type="checkbox"/> L (14-16) <input type="checkbox"/> XL	
<input type="checkbox"/> 18 - 24	<input type="checkbox"/> 7 <input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

SHOE SIZE:

Infant Size (months)	Toddler Size:	Youth/Child Size:	Adult Size:
<input type="checkbox"/> 0 - 3	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 5 <input type="checkbox"/> 6
<input type="checkbox"/> 3 - 6	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 7 <input type="checkbox"/> 8
<input type="checkbox"/> 6 - 12	<input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> 12 - 18	<input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 11 <input type="checkbox"/> 12
<input type="checkbox"/> 18 - 24	<input type="checkbox"/> 10 <input type="checkbox"/> Other_____	<input type="checkbox"/> 7 <input type="checkbox"/> Other_____	<input type="checkbox"/> 13 <input type="checkbox"/> Other_____

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