

Care Closet Request Form

Name _____

Date _____

Classroom _____

Please choose items you need by checking the boxes below. Please know that we will offer food for a few mornings/nights to make it easier to carry home.

- Socks

- Hair Products
 - Hair ties
 - Brush
 - Comb
 - Shampoo
 - Conditioner

- Body Care Product
 - Body wash
 - Deodorant
 - Pads

- Food
- How many people will need food? _____
- Any allergies?

- _____
- Breakfast

 - Dinner

- Underwear
 - Boys - Size _____
 - Girls - Size _____

