

Parent / Guardian Name		DOB
Street Address		
City / Town		Zip Code
Home Phone #	Cell Phone #	

Sizes Offered: Children sizes 2T – 14/16, Adult sizes S – XXL. **Sorry we DO NOT carry junior sizes.**

Children's Coat Size	2T	3T	4	5/6	7/8	10/12	14/16
Across shoulder	12-1/4	12-3/4	13-1/4	13-3/4	14-1/2	15-1/2	16
Around chest	29	31	33	35	37	40	41-1/2
Sleeve length	13	13-1/2	15-1/2	18	18-1/2	20	21
Adult Coat Size	Small	Medium	Large	X-Large	XX-Large		
Across shoulder	17-1/4	18-1/4	19-1/4	20-1/4	21-1/4		
Around chest	48	49-1/2	51	52-1/2	53-1/2		
Sleeve length	24-1/2	25-1/2	26-1/2	27-1/2	28-1/2		

Note: When in doubt, always size up. Sizing is approximate, sizes may vary by brand.

Please fill out the information below for all children age 0-12.

First / Last Name	Age	Boy/Girl	Shirt Size	Pant Size	Coat Size	Boot Size

- ☐ **Curb-pick preferred.** *Note: If you choice this option, clothing colors and styles will be chosen by BCAC.*



Please do not fill-in this box.
This area reserved for BCAC
assigned shopping date/time:

Don't forget to fill out back of form.



Please write below the type of toy each child would like:

(examples: Disney, Board Games, Trucks, Dolls, Books etc.).

Please initial below to agree that the phone number you have provided is the number we can reach you at during the Warm Clothing Program. We will be unable to update phone numbers during the Warm Clothing Program. WE WILL **CALL OR TEXT** YOU (*circle preferred method*) with a SCHEDULED shopping or pick-up time. You will be given a customer CODE. You must provide this code when choosing or picking up items. NO EXCEPTIONS.

Initial Here _____

By initialing below, I agree to accept ALL CLOTHING ITEMS I will receive in my order.

Initial Here _____

By Initialing below, I acknowledge that it is my responsibility to choose or pick up my child's clothing during my scheduled shopping or pick-up time at the BCAC's Children's Winter Boutique at the 1531 East Street, Pittsfield office. Any clothing orders not picked up by December 15th will be returned to inventory.

Initial Here _____

By initialing below, I understand that BCAC will make 3 attempts to call or text my shopping or pick-up time. If after 3 failed attempts; I do not confirm my shopping time, I will lose my shopping appointment for this program season.

Initial Here _____

☒ **Please check the boxes below if your household receives any of the following:**

- ☐ Fuel Assistance
- ☐ Headstart
- ☐ Masshealth
- ☐ EBT / SNAP
- ☐ Housing
- ☐ WIC

Mail or drop off completed form to:

Berkshire Community Action Council
85 Main Street, 2nd Floor
North Adams, MA 01247

Want to drop off the application at your convenience?

There is a 24 hour accessible mailbox by BCAC front entrance.

