



Sign up for BCAC's Elf Warm Clothing Program!

This program is for income eligible children ages 0-12 and proof of income is required. Please fill out the form below with you and your child's information. **Please complete ALL information on this form!**

Parent / Guardian Name: _____ Date of Application: _____

Spouse / Partner Name: _____ Total # living in Household: _____

Address: _____ City / Town: _____

Home Phone Number: _____ Zip Code: _____

Cell Phone Number: _____

CHILDREN, please fill out the information below for all children age 0-12

Child's First & Last Name	Age	Boy / Girl	Shirt Size	Pant Size	Coat Size	Boot Size
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						

Please write below the type of toy each child would like
(examples: Disney, Board Games, Trucks, Dolls, Books etc.).

Child's First & Last Name	Toy
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Last date to apply is October 29!

SIZES OFFERED	
Children's Sizes: 2T, 3T, 4T, 5/6, 7/8, 10/12, 14/16	
Adult Sizes: S, M, L, XL, XXL	

CHILDREN'S COAT SIZES IN INCHES							
Size	2T	3T	4	5/6	7/8	10/12	14/16
Across shoulder	12 ¼	12 ¾	13 ¼	13 ¾	14 ½	15 ½	14
Around chest	29	31	33	35	37	40	41 ½
Sleeve length	13	13 ½	15 ½	18	18 ½	20	21
NOTE: when in doubt, always size UP							

Please note:
 4 = X-Small
 5/6 = Small
 7/8 = Medium
 10/12 = Large
 14/16 = XLarge
 16/18 = XXL

ADULT COAT SIZES IN INCHES					
Size	Small	Medium	Large	XL	XXL
Across shoulder	17 ¼	18 ¼	19 ¼	20 ¼	21 ¼
Around chest	48	49 ½	51	52 ½	53 ½
Sleeve length	24 ¼	25 ½	26 ½	27 ½	28 ½
NOTE: when in doubt, always size UP					

Check the box below if your household receives:

- Fuel Assistance HeadStart Mass Health EBT / SNAP

Please note, due to COVID-19, we will be operating under a contact-less pick up system at our BCAC North Adams office. You will receive all information that you need for the contact-less pick up when your pick up time is scheduled.

Please initial below to agree that the phone number you have provided above is the number that we can reach you during the Warm Clothing Program. We will be unable to take new phone numbers during the Warm Clothing Program. We WILL **CALL YOU** when items are ready for a **SCHEDULED** pick up. You will be given a CODE and TIME for Pick-Up. You must provide the code during your scheduled pick up. NO EXCEPTIONS.

_____ Initial Here

By initialing below I acknowledge that is my responsibility to pick up my child's gifts from the BCAC North Adams office and unless I am otherwise instructed, I agree to pick up my order when it is scheduled and I acknowledge that the **VERY LAST DAY** to pick up my child's gifts is 12/6/2020

_____ Initial Here

The gifts that you receive have been donated by sponsors, and while you will receive your child's correct size we have no control over other aspects of your order like color or style etc. By initialing below, you agree to accept ALL gifts that you will receive in your order.

_____ Initial Here

Print Name: _____

Signature: _____

Mail or drop off this completed form to:

BCAC North County

85 Main Street, 2nd Floor
 North Adams, MA 01247

Questions? Call Aleta

Call 413-663-3014

Please complete ALL of the information on this form!

Last date to apply is October 29!