

Diaper Bank @ SPO Registration

ALL INFORMATION IS REQUIRED! INFORMATION IS FOR DATA PURPOSES ONLY

*******MUST HAVE IDENTIFICATION*******

Name: _____
(FIRST AND LAST NAMES)

Address: _____
_____ COUNTY _____

PHONE # _____ EMAIL: _____

SCHOOL DISTRICT _____ FIRST LANGUAGE _____

DOES YOUR CHILD HAVE MEDICAL AND DENTAL INSURANCE? Y or N

ONE PERSON WHO CAN PICK UP YOUR DIAPERS _____
(MUST BRING IDENTIFICATION)

CHILD 1 NAME _____ M or F I I
(FIRST AND LAST NAMES) DOB GENDER Verified

RELATIONSHIP (circle one) Parent Grandparent Legal Guardian

CHILD 2 NAME _____ M or F I I
(FIRST AND LAST NAMES) DOB GENDER Verified

RELATIONSHIP (circle one) Parent Grandparent Legal Guardian

Date	Child 1	Child 2	Notes:	Date	Child 1	Child 2	Notes:
Jan 7				July 7			
Feb 4				Aug 4			
Mar 3				Sept 1			
Apr 7				Oct 6			
May 5				Nov 3			
Jun 2				Dec 1			

Client Signature: _____ Date: _____

Signature verifies that children listed above live in your household and you are the legal guardian of children. Fraudulent information means immediate dismissal from the program.

****THE RE-SELLING OF DIAPERS IS NOT PERMITTED AND WILL MEAN IMMEDIATE DISMISSAL FROM DIAPER PROGRAM.**