

QUALIFICATION QUESTIONNAIRE

Parent's Name: _____

Phone #: _____

NOTE: prizes will be available and gifts; if you are unable to attend, let us know immediately so another parent can come in your place.

How did you find out about the baby shower?

Website

Flyer at Bethel Foundation

Internet Search Engine

Friends

Social Media

Other, please specify:

We need to ask a few questions to see if you qualify as a participant for your baby shower:

Please carefully review each question and select the proper response that will best help us to know how to prepare so your baby shower experience will be a blessing.

What is the due date of your child? or Birthdate?

Our Shower is April 19th, how far along will you be at that time if pregnant now?

6 mos

7 mos

8 mos

9 mos

born

What is the gender of your expected or already born baby?

Boy

Girl

twin (circle one:
boys or girls)

twins
both

unknown

If desired, please let us know the name of child expected or already born.

How old will your birthed child be during the shower? choose 0-2 if pregnant

0-2 mos

3-4
mos

5-6 mos

7-8
mos

9-10
mos

We will be serving refreshments, sandwiches and punch. Any allergies? please list

1.

2.

3.

4.

5.

Is there any particular need you have that will help you and your baby now / later?

If there is anything else we need to know, please let us know here:

PLEASE HAVE A GUEST COME TO HELP YOU IF YOU BRING YOUR HONORING CHILD, DO NOT BRING EXTRA KIDS.

Will you be bringing a guest? _____ yes _____ no

For Office Use: Total attending for this party: _____