

Baby Shower for Struggling Parents 6 mos pregnant to 10 mos baby

QUALIFICATION QUESTIONNAIRE

Parents Name(s): _____

Phone #: _____ Email: _____

NOTE: prizes and gifts will be available. If you are unable to attend, let us know immediately so another parent can come in your place. **Max Capacity of 30**

How did you find out about the baby shower?

- | | |
|---|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Flyer at Bethel Foundation |
| <input type="checkbox"/> Internet Search Engine | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other, please specify: _____ |

We need to ask a few questions to see if you qualify as a participant for our 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 Date of Birth?

On the date of our baby shower, how far along will you be at that time if pregnant now?

- 6 mos 7 mos 8 mos 9 mos Born baby

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

- Girl Boy Twin
(circle: boys or girls) Twins same Unknown

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

How old will your birthed baby be during the shower?

- 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.

Do you have other children? If so, list gender and ages: _____

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Will you be needing any of the following items (checking does not guarantee the item):

Car Seat Crib Bathtub Walker Bassinet

Pacifier Other, please

list: _____

Will you be using any of the following, please specify:

Need Cloth Diapers Need Regular Diapers

If Breastfeeding, will you need a breast pump?

Breastfeeding Need pump Bottle Feeding Need bottles

Are there any other needs that will help you or your baby now?

PLEASE HAVE A GUEST ACCOMMODATE YOU TO HELP YOU WITH YOUR HONORING BABY ONLY. **DO NOT BRING OTHER CHILDREN.** THIS IS YOUR DAY!

Will you be bringing a guest to help with baby? _____ Yes _____ No

Note: The items we gift may not be all brand new but are in great condition for your baby and you to use (please be sure to wash all items before use). If you get a product that does not have all the working parts, please bring it back to exchange for something that we may have to offer to take its place. We are also not obligated to provide any or all of the products questioned about in this form.

For Office Use:

Total attending for this party: _____

Circle for a: Boy or Girl

Months Pregnant _____

Age of child _____