

BABY BOOT CAMP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Contact phone number \_\_\_\_\_

When is your baby due? \_\_\_\_\_ boy \_\_\_ girl \_\_\_\_\_

Is this first pregnancy or parenting experience? \_\_\_\_\_

Do you qualify for WIC or Sooner Care? \_\_\_yes \_\_\_no

May we use your picture if needed? \_\_\_\_\_

Today's date: \_\_\_\_\_ Signature \_\_\_\_\_

If you have suggestions for future topics, etc. please feel free to share them.

This is a public event. The presenters do not assume responsibility for information that you choose to share in this setting.

We will contact you at a later date. Looking forward to seeing you!!

Please mail this form to Baby Boot Camp, PO Box 343, Pawnee, OK 74058.

If you have questions, please feel free to call:

Jo Beth Spears @ 918-430-8109, (leave a message if no answer please)

Janet Webb@918-762-3643, Pawnee County Health Dept.

Alanna Grigg @ 918-225-2300, Cimarron Baptist Association