

Registration Form
Community Baby Shower
March 31, 2012



Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Do you need childcare? Yes No (please circle)

Name(s) of children needing care:

Please complete the Childcare Registration Form for each child needing childcare during the Community Baby Shower.

Have you attended the Community Baby Shower previously?

Yes No (please circle)

How did you hear about the Community Baby Shower?

Send completed registration form and all childcare registration forms to:

Community Action Program
418 Washington Street
Covington, In 47932
Attn: Kathy Walker