



# BABY BASICS REGISTRATION FORM

Referring Agency Name: \_\_\_\_\_

Please mail to *Baby Basics, ATTN: Applications, PMB132 – PO Box 413005, Naples, FL 34101*

Parent's Name(s):			
Address:			
City:		State: FLORIDA	Zip:
Telephone:		Email:	
Household Monthly Income:			
1 <sup>st</sup> Employer Name:			
1 <sup>st</sup> Employer's Address:			
1 <sup>st</sup> Employer's Telephone:			
2 <sup>nd</sup> Employer Name:			
2 <sup>nd</sup> Employer's Address:			
2 <sup>nd</sup> Employer's Telephone:			
Child's Name:		Total # of persons in household:	
Child's Date of Birth:		Child's Gender: ___ Male ___ Female	
Child's Actual Weight: _____ Pounds		Diaper Size: 1 2 3 4 5 6	
<i>Other Siblings</i>			
Name	Gender (M/F)	Date of Birth	Diaper Size
<i>Do you receive any of the following? Do NOT leave blank. Answer EACH question.</i>			
Food Stamps? ___ Yes ___ No	TANF? ___ Yes ___ No	WIC? ___ Yes ___ No	Federal or State Cash Assistance? ___ Yes ___ No

I, the undersigned, affirm that all information stated on this Registration Form is true, complete, and correct. I agree to promptly notify Baby Basics of Collier County, Inc., if any such information changes at any time. I agree that Baby Basics of Collier County, Inc., may verify the accuracy of such information by contacting any party with, or believed to have knowledge of such information, and hereby give my permission to Baby Basics of Collier County, Inc. and any of its volunteers to do so.

I acknowledge that this Registration Form is merely an application to participate in Baby Basics Program and that I have no right to participate in the Program or to receive any goods or services from Baby Basics of Collier County, Inc. I also acknowledge that in the event that I am allowed to participate in the Program, Baby Basics of Collier County, Inc., shall be entitled to terminate my participation therein at any time with without notice in Baby Basics of Collier County, Inc.'s sole discretion.

All information given here will be kept confidential by the Board of Baby Basics of Collier County, Inc.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date