



## Congratulations on the Birth of Your Baby!

If you live in Calhoun County, you are eligible for free Welcome Baby Visits! During the course of three short visits you will receive full-sized packages of diapers. You will also receive a sleep sack for baby, baby wipes, books, and a beautiful learning quilt among other things. You'll learn about the importance of safe sleep, reading, and tummy time. We'll tell you about free playgroups, home visiting, and other no-cost services offered by Early Childhood Connections. And although it may seem like a long time from now, we'll even help with the application for free or low cost preschool when the time comes.

**Please complete this form on both sides.**

Child's Full Legal Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Baby's Date of Birth (or due date if not born): \_\_\_\_\_ Baby's Gender (circle one): Male Female

Was Baby Born Prematurely (circle one) Yes No If Yes, How Many Weeks Early? \_\_\_\_\_

Baby's Race (circle all that apply): Hispanic/Latino Black White Asian Native American Pacific Islander

Language Spoken at Home: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ Interpreter Required? Yes No

School District of Residence: \_\_\_\_\_ Will Baby Live in a Single Parent Household? Yes No

Is Current Home Address a Temporary Arrangement? Yes No

If Yes, is this Due to Economic Hardship? Yes No

Name of Parent #1 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Baby: \_\_\_\_\_ Lives with Baby? Yes No

Phone Number: \_\_\_\_\_ Phone Type: Home Cell Work Message

Interpreter Needed? Yes No Email address (optional): \_\_\_\_\_

Name of Parent/Guardian #2 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Baby: \_\_\_\_\_ Lives with Baby? Yes No

Phone number: \_\_\_\_\_ Phone type: Home Cell Work Message

Interpreter needed? Yes No Email address (optional): \_\_\_\_\_

Alternate Adult Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Please fax BOTH sides of this form to 269.788.3230 or  
mail to Early Childhood Connections, 475 E. Roosevelt Ave., Battle Creek MI 49017**

**Please complete all information**

Do you have any health or developmental concerns about baby?    Yes            No

**Other Adults and Children in the Home:**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

***To ensure families with the greatest need receive the greatest support,  
please provide the following family income information.***

**Income Information (check all that apply):**

Wages/Earnings       SSI Dollars       Child Support       Unemployment  
 FIP/DHS Dollars       Pension       Retirement       Worker's Comp  
 Alimony       Social Security       Military Pay       Scholarships/Grants  
 WIC

Family's Income: \$ \_\_\_\_\_ , each (circle one):    Week            Month            Year

Number of people in the family supported by the income above: \_\_\_\_\_

***Thank you for completing this application. We look forward to serving your family!***

