

Baby Day 2016

Information Sheet

Baby's Full Name: _____

Parent's Names: _____

Sibling's Names: _____

Baby's Birthdate: _____

Baby's Place of Birth (City & State): _____

Something Humorous About Your Baby: (if applicable)

Child's Favorite Toy: _____

Child's Favorite Song: _____

Child's Favorite Activity: _____

Is there any significance in your child's
name? _____

Contact phone number _____

Email address _____

*This information is also available to fill out online at bit.ly/BabyDay2016

Please return this form along with your pictures **by Sunday April 24th** to
Norma Cape. Please e-mail digital photos to mhall@hutchfirstnaz.org.