

Warm Welcome Registration

For Jewish babies up to 6 months of age

Yes!

I'd like to receive a Warm Welcome that includes a free gift basket! I'll expect a call from a trained volunteer to set up a convenient time for the visit.

Baby's Name: _____

Due Date/Date of Baby's Birth: _____

At Which Hospital: _____

Baby's Gender: ___ M ___ F

Parent(s) Name(s): _____

Address: _____

City: _____ **Zip Code:** _____

Day Phone: _____ **Evening:** _____

Best Time to Call: _____

Email Address: _____

Is anyone in your home Jewish?

___ No If "no", please call: Bright Beginnings at (303) 561-2235

___ One Parent ___ Both Parents ___ Other: _____

Are you a member of a synagogue?

___ No ___ Yes, which one? _____

Are you a JCC member? ___ No ___ Yes

Is this your first child? ___ No ___ Yes

How did you hear about our Warm Welcome?

___ Physician's Office ___ Synagogue ___ Newspaper

___ Internet ___ JCC ___ Community Organization

___ Friend ___ Other: _____

Signed: _____ **Date:** _____

Please mail completed form to:

Shalom Baby
350 South Dahlia Street
Denver, CO 80246

Or email:

shalombaby@jccdenver.org