



You are invited!

WELCOME!

Baby Bear Hugs would like to connect with you to explain our exciting resources and support for parents and caregivers of young children. This form will give us information and permission to contact you to explain more about our programs.

Family Contact Information

Baby/ Child's Name: _____ M or F (circle one)
Due Date / Birthdate: _____ pregnancy (1 st , 2 nd , etc.): _____
Parent(s) Name & Birthdate(s): _____
Address: _____
County: _____
Phone Number(s): _____
Signature: _____

There is no obligation to participate after hearing about the program, but should you choose to do so, participation is voluntary and free.

Please fax to: (970) 848-0357

Scan and email to: babybear@babybearhugs.org

Or return to the person that gave to you and they will return to Baby Bear Hugs.

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www.babybearhugs.org

Serving: Elbert, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma, Cheyenne and Kit Carson Counties