

BLESSED EXPECTATIONS PARENT/BABY REGISTRATION

CONTACT INFORMATION

Parent's/Guardian's Name:

Parent's/Guardian's Name:

Address 1:

Home Phone:

Address 2:

Cell Phone:

City:

State:

Zip:

Email Address:

INFORMATION ABOUT THE BABY

We are expecting a:

- Boy
- Girl
- Don't Know

Expected Due date/Adoption Date:

Which hospital or birthing center do you plan to deliver?

If your baby has already been born, please include their name and birthdate:

Will this child be welcomed through adoption?

- Yes
- No

If yes, how old is the child?

Is this your first child?

- Yes
- No

If no, what are your other children's names and birthdates?

MEAL INFORMATION

Would you like a meal prepared for you after your child arrives?

- Yes
- No

If yes, please complete the following information:

Number of people in your family to cook for:

Best time to deliver meal?

Number of Adults:

Number of Children

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SPECIFICS

Favorite Foods?

Least Favorite Foods?

Allergies and/or Dietary Restrictions:

Any other special instructions:

Do you have questions or concerns you would like to speak to our coordinator or Pastor about?

OTHER INFORMATION

How long have you lived in the area?

Which Hiland Park Baptist Church Campus do you attend?

- 231 Campus
- Parker Campus

- How long have you attended?

Which worship service do you attend? (Select One)

- 9:15 a.m.
- 10:45 a.m.
- 10:45 a.m. Parker Campus

Are you part of a LifeGroup (small group)?

- Yes
- No

If yes, who is your LifeGroup leader?

Do you work outside the home?

- Yes
- No

If yes, Select one:

- Full-Time
- Part-Time

Would you like a visit with one of the women from our Blessed Expectations Ministry Team, within the first three months after your baby is born?

- Yes
- No

Are you a part of a military community?

- Yes
- No

