

Please Mail Completed Registration Form to:
Baby Basics of Greater Hagerstown, Inc.

1601 Pennsylvania Avenue, Hagerstown, Md. 21742

Website: www.babybasicsgh.com

Phone#: (240)217-8182 Fax#: (301)733-8324

Please print and fill out form completely

SECTION 1: PARENT/GUARDIAN INFORMATION			
Male Head of Household/Legal Guardian		Female Head of Household/Legal Guardian	
Name:		Name	
Address:		Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
SECTION 2: HOUSEHOLD INCOME INFORMATION: <i>Household income must be documented for EACH head of household</i>			
IMPORTANT: PLEASE ATTACH COPIES OF 2 MOST RECENT PAYSTUBS			
Employer:		Employer:	
Employer's Phone Number		Employer's Phone Number:	
Male Head of Household Gross Yearly Income: \$		Female Head of Household Gross Yearly Income: \$	
SECTION 3: HOUSEHOLD MEMBERS: <i>Please provide the following information for ALL OTHER members living in home</i>			
NAME	DOB	SEX	DIAPER SIZE of Child Under Age 3
SECTION 4: HOUSEHOLD BENEFITS: <i>Are you receiving any of the following benefits and if so how much?</i>			
Child Support: YES___NO___ (Amount): \$_____		WIC: YES___NO___ <i>(Attach copy of front of WIC folder)</i>	
Food Stamps: YES___NO___ (Amount): \$_____		Medical Assistance: YES___NO___	
Housing Assistance: YES___NO___ (Amount): \$_____		SSI: YES___NO___	
Temporary Cash Assistance: YES___NO___ (Amount): \$_____		Daycare Voucher: YES___NO___	

I acknowledge that this Registration Form I, the undersigned, affirm that all of the information stated on this Registration Form is true, complete, and correct and I agree to promptly notify Baby Basics, Inc. (the "Company") if any such information changes at any time. I agree the Company may verify the accuracy of such information by contacting any party with, or believed to have, knowledge of such information, and hereby give my permission to the Company and any of its volunteers to do so. is merely an application to participate in Baby Basics, Inc. (the "Program") and that I have no right to participate in the Program or to receive any goods or services from the Company. I also acknowledge that in the event I am allowed to participate in the Program, the Company shall be entitled to terminate therein at any time and without notice in the Company's sole discretion.

Signature: _____ Date: _____

Baby Basics Is A Non-Governmental, Privately Funded, Non-Profit Program