

ORDER FORM FOR KITS FOR NEW PARENTS

Please complete this form to order the *Kit for New Parents*. Fax or mail the completed form to Every Child Counts at the address below. Kits will be mailed to you 1-2 weeks after receipt of this form.

Organization Name		Contact - First Name		Contact - Last Name		
Receiving Department		Receiving - First Name		Receiving - Last Name		
Street #	Street Name*	Unit	City		ST	Zip
Email			Phone Number	x ext	Fax Nu	ımber
* Boxes cannot be shipped to a PO Box Is there a loading dock available? Can you accept Kits on pallets? Do you prefer a 24-hour notice before shipment?			 ☐ Yes ☐ No ☐ Yes ☐ No 			
When do you distribute the Kit for New Parents? Prenatal / before birth of baby Postpartum / after birth of baby Anytime to parents who have children ages 0–5 years Do you provide any education with parents before you give them the Kit? Yes No						
Please check the type of organization the Child Care Center Community Based Organization Community Clinic Family Child Care Other		_	rt / Early Start Office	☐ Preschoo☐ Public He☐ Resource☐	ool lealth Nursing ce and Referral agency (any K-12)	
Check only one: One time delivery of kits OR Monthly delivery of kits: # of English Kits# of Spanish Kits						
New Asian Kits# of Cantonese Kits# of Korean Kits# of Vietnamese Kits						
form to: Every C 1100 Sa	stions call ZeeLaura Page at 5 hild Counts n Leandro Blvd, Suite 120 Indro, CA 94577	510.875.248	86. Fax this form	n to 510.875.2	2410 or	mail this