



BABY SONG REGISTRATION



Name of Parent/Caregiver: _____

Name of Child: _____ Age: _____

Date of Birth: _____

Address: _____

Phone Number: _____

E-mail: _____

In case of emergency please contact:

Food Allergies?

I heard about this program from: _____

My ideas for a special speaker / topic: _____

- ☐ The Salvation Army in _____ has my permission to contact me about future events offered to our community.
- ☐ The Salvation Army in _____ does not have my permission to contact me about future events offered to our community.
- ☐ The Salvation Army has permission to use pictures of my child(ren) and myself in Salvation Army publications.