



Baby Welcome Referral

Name(s) of the Parent(s):

Address:

Contact Information (Email/Phone):

Site: Bearspaw Bowridge RockPointe Intercultural Westhills

Not attached to a site: _____

Name & Birthdate of the Baby:

Other Children & Ages:

Please list any Health concerns (allergies, Covid precautions, etc.) or other instructions needed for the visit:

Please see page 2



Baby Welcome Referral

Please fill out this section if you are not one of the parents:

IMPORTANT: Has the family been asked if they would like this visit and have you asked their permission to make the referral? Yes No * If no, please ask them before submitting the referral.

Name of person making the referral:

Site: Bearspaw Bowridge RockPointe Intercultural Westhills

Not attached to a site: _____

Contact Information (Email/Phone):

Anything else we should know?:

Please return this form to the Info Desk, Children’s Ministry Desk or to the RockPointe Office at Bearspaw.