

ORDER FORM FOR KITS FOR NEW PARENTS

Please complete this form to order the *Kit for New Parents*. Fax, mail or email the completed form to First 5 Alameda County 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 Number |

* Boxes cannot be shipped to a PO Box

- Is there a loading dock available? Yes No
Can you accept Kits on pallets? Yes No
Do you prefer a 24-hour notice before shipment? 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 that provides the kits:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Headstart / Early Start | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Hospital | <input type="checkbox"/> Public Health Nursing |
| <input type="checkbox"/> Community Clinic | <input type="checkbox"/> OBGYN Office | <input type="checkbox"/> Resource and Referral agency |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Pediatric Office | <input type="checkbox"/> School (any K-12) |
| <input type="checkbox"/> Other _____ | | |

Check only one:

One time delivery of kits **OR** Monthly delivery of kits:

| | | |
|-------------------------|---------------------------|----------------------------|
| _____ # of English Kits | _____ # of Cantonese Kits | _____ # of Korean Kits |
| _____ # of Spanish Kits | _____ # of Mandarin Kits | _____ # of Vietnamese Kits |

For questions, please contact Camille Denzel at 510.227.6917.

Fax this form to: **510.227.6901**

or e-mail to: **camille.denzel@first5alameda.org**

or mail to: **First 5 Alameda County**
1115 Atlantic Avenue
Alameda, CA 94501