

COMMUNITY AGENCIES THAT HELP YOU
STAY "ON COURSE"



Showered With Love



The Family Birthplace



BAY REGION

mclaren.org/bayregion

9TH ANNUAL

2012

Community Baby Shower

Saturday, April 14, 2012

9 a.m. - 1 p.m.

Bay Arenac ISD Career Center

4155 Monitor Road, Bay City



BAY REGION

mclaren.org/bayregion

2012 Community Baby Shower

PROGRAM DESCRIPTION

Expectant families and families with a baby up to 5 months of age are invited to attend, as well as grandparents and other key support persons. Maximum of 3 people per family unit may attend.

Childcare will be provided by BAISD Childcare Program for \$1 per child non-refundable fee. Limited space is available for Daycare service. RSVP is required (see registration form).

FEE: \$3 PER GUEST

\$3 fee is non-refundable. Limited seating. Registrations taken in order received. We reserve the right to give families delivering at McLaren Medical Center-Bay Region first opportunity to attend this event.

You will be notified if you register and we are full.

Some items may be available for purchase.



AGENDA

9 a.m. - 10 a.m.	Registration and Vendor Displays
10 a.m. - 10:30 a.m.	Welcome & Opening Session
10:45 a.m. - 11:45 a.m.	Breakout Sessions
Noon	Refreshments & Drawings for Shower Prizes



Registration Form * Fee: \$3 per Guest

Each new or expectant mom attending must fill out a separate registration form.

New or Expectant Mother's Name: _____

Address (street/city/zip): _____

Email Address: _____

Phone: _____

Name of OB Doctor or Midwife: _____

Mom's Due Date _____ or

Baby's Birth Date _____

BREAKOUT SESSION CHOICES

- A. Daddy Boot Camp
- B. Infant Safety
- C. Family "Fit & Fun"
- D. Intro to Baby Signing
- E. The 4th Trimester - Adjustment for Baby & Mom
- F. Got Milk? Breastfeeding for Today's Woman
- G. Pathways to Natural Birth
- H. Baby Brain Building 101
- I. Infant Massage

BREAK-OUT SESSIONS Please list 1st choice for each attendee. Every attempt will be made to grant your request:

Mother's Choice: _____

Support Person #1: _____

Support Person #2: _____

(Limit of 2 support people may attend with mother & includes children **not** attending daycare who are not infants.)

If using Daycare services, please list name/age of child(ren).

Include \$1 per child (please label all items brought to Daycare): _____

TO REGISTER: Mail this form to:

McLaren Medical Center-Bay Region

Attn: Becky Morgan - Family BirthPlace

1900 Columbus Avenue; Bay City, MI 48708

For more information, call [989] 894-3935. Please make checks payable to: Bay Medical Foundation.

