

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 - L	Contact - Last Name		
Receiving Department		Receiving - First Name		Receiving	Receiving - Last Name		
Street #	Street Name*	Unit	City		ST	Zip	
Email			Phone Number	x ext	Fax N	Number	
* Boxes cann	ot be shipped to a PO Box						
	bading dock available?		☐ Yes	No			
Can you accept Kits on pallets?			☐ Yes] No			
 Prenata Postpar Anytime Do you pro Please che Child Ca Commu Commu 	you distribute the Kit for N I / before birth of baby tum / after birth of baby to parents who have child ovide any education with eck the type of organization are Center unity Based Organization unity Clinic Child Care	ren ages 0–5 parents befo on that prov Headsta Hospita	i years ore you give the ides the kits: art / Early Start I	Prescho Public F	lealth N ce and F	ursing Referral agency	
Please pla	ce the amount requested	below:					
	# of English Kits	# of	Korean Kits				
	# of Spanish Kits						
For questions	s, please contact Charla Black	-Edwards at 5	10.227.6917				
Fax this forn	n to: 510.227.6901						
or e-mail to:	charla.black-edwards@fi	irst5alameda	a.org				
1	irst 5 Alameda County I 115 Atlantic Avenue Alameda, CA 94501						