

# CRADLE ROLL FORM

Congratulations on the new addition soon to come into your family! We would like to bring you meals after you are home and provide you with support. Please complete this form and return it to one of the committee members or place it in Darlene Peters mailbox (#343).

**Mom** \_\_\_\_\_ **Dad** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Due Date** \_\_\_\_\_

**How many people are in your household?** \_\_\_\_\_ **adults** \_\_\_\_\_ **children**

**Any Food Allergies** \_\_\_\_\_

**Supper Preferences** \_\_\_\_\_

**When is your usual supper time?** **Monday-Friday** \_\_\_\_\_  
**Saturday-Sunday** \_\_\_\_\_

We will be providing meals every other day for two weeks after you are home from the hospital. This will include days on the weekends.

Please get a family member to contact Darlene Peters once you know when you are coming home. We will try to have the first meal come on the day after you come home.

Darlene will email you or drop off a list of the people who are bringing you meals as soon as the list is complete.

**Would you like us to put a birth announcement and thank you note for the meals in the church bulletin for you?** \_\_\_\_\_

## **Cradle Roll Committee**

Darlene Peters 362-1803

Marilyn Wiebe 325-8158

Becky Wall 331-3435