

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 Arla Reimer's mailbox (#238).

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 Arla Reimer once you know when you are coming home. We will try to have the first meal come on the day after you come home.

Arla 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

Melissa Dyck	325-9618	Tina Giesbrecht	325-6748
Sylvia Guenther	331-4277	Nettie Pauls	331-3681
Arla Reimer	325-5798	Sara Wall	325-9514
Marilyn Wiebe	325-8158		