

New/Expectant Parent Basket Request form

Please complete the following form to place an order for a New Baby Welcome basket.

Connect the parents to the DSGSEMI for additional services. You can make the referral by completing the form below or by calling (248) 556-5341.



*Designates required response

Person Placing Gift Basket
Order: First Name*

Person Placing Gift Basket
Order: Last Name*

Person Placing Gift Basket
Order: Email*

Relationship to New Parents

Name of Hospital*

Hospital Contact Phone
Number*

Hospital Contact Email
Address*

Baby's First Name

Baby's Last Name

Baby's Gender

Estimated/Actual Date of Birth for Baby*

Estimated Discharge Date(s) for Mother and Baby

Permission received from parent(s) to place this order

Permission for DSGSEMI to contact parent(s) directly

Parent(s) name(s)*

Parent's Address*

Parent's Phone Number(s)

Parent's Email(s)

Parent's Primary Language

How I heard about DSGSEMI



<https://www.facebook.com/dsgsemi/>



https://www.youtube.com/channel/UCzip_CqVWefDjTFs3kpfh-Q?view_as=subscriber



www.info@dsgsemi.org

**Down Syndrome Guild of Southeast
Michigan**

P.O. Box 28 Royal Oak, MI 48068

Office: (248) 556-5341

www.dsgsemi.org