

Newfoundland and Labrador Healthy Baby Club



HBC site _____

GROUP SESSION

Date _____ Resource Person/Guest Speaker _____

(MM/DD/YYYY)

Topic(s) Discussed _____

Resource materials used: _____

HBC Participant	Support Persons	Transportation Required (Please √)	Child Care Required (Please √)	Comments

Summary:

of HBC participants _____

of support persons _____

requiring transportation _____

requiring child care _____

Snack _____

Others in attendance _____
