

# **Toss Your Toddler Dance**

## **Registration**

Name: \_\_\_\_\_ Baby's Name \_\_\_\_\_

Baby's Age and Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### **SPECIAL CONCERNS:**

Have you ever had any serious injuries (e.g. broken bones) or surgery? If YES, please describe injury and when it happened.

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Are you currently taking any medication? If YES, please list medication(s).

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### **TUITION: \$180 for 10 session program**

Please make check payable to: **Jennifer Brilliant Yoga**

Mail to or drop off: Jennifer Brilliant

732A Carroll Street

Brooklyn, NY 11215

### **Refunds:**

Cancellations before 9/15/08 @100%; Cancellations before 9/22/08 @ 50%; No refunds after 9/29/08.

How did you hear about the class?