

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.

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

TUITION: \$180 for 10 session program

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

Mail to or drop off: Jennifer Brilliant

732A Carroll Street

Brooklyn, NY 11215

How did you hear about the class?