Sling Your Baby 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 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?