

REGISTRATION FORM



Class **venue** and **time** that you wish to register for: _____

Baby's Name: _____

Date of Birth: _____

Address: _____

_____ Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

E-mail address: _____

Name of attending adult _____

G.P. _____ Clinic: _____

Immunisations/vaccinations _____

Allergies _____

Any medical conditions, additional needs or concerns you may have:

Photograph permission:

I.....(parent/carer) give permission for myself and my son/daughter..... to be photographed during Baby Sensory classes. I understand that the photographs taken will be used for the purpose of Baby Sensory promotion through such uses as displays, leaflets, newspaper articles and such like.

Signed.....

Dated.....

Full payment is required before your first session. Any costs incurred by the Baby Sensory leader due to re-presented cheques will be passed on to the bearer.

Please note that attending adults must accept full responsibility for the safety of their baby during the session.

Parents are asked to keep their baby at home if they have a serious infection and to inform the setting as to the nature of the infection so that other parents can be alerted.

Baby Sensory may send you information on products and special events please tick this box if you do not wish to receive mailings and e-mails from us.

Where did you hear about Baby Sensory classes? _____

Signed: _____ Date: _____