



INFANT MASSAGE WORKSHOP &
UNDERSTANDING YOUR NEWBORN IN THE 4TH TRIMESTER
REGISTRATION FORM

Please print this out, fill it out, SIGN, make a copy for yourself, & mail with your payment by check for \$55 made out to **BRIGHT START BABIES, LLC**

61 Tompkins Place Brooklyn, NY 11231.

You can also pay via PayPal to e2bklyn@mindspring.com

Call 718-643-6064 if you have any questions & to see if the event is full.

Class Location & Time:

Baby's Name & DOB:

Parent/Caregiver's names:

Home address:

Email addresses:

Parent phone contact:

Any health concerns for baby or adult? (premature birth, pregnancy or birth complications?)

Pediatrician:

Cell Phones are NOT permitted to be used in class. Insurance Waiver: BRIGHT START BabiesLLC, & the facilities the programs are held in are not legally responsible for any illness, accident, or injury to you or your child*. You are at all times responsible for the well being of yourself and your baby. We have a 24 hour cancellation policy.

I have read, understood, & AGREE to all of the above.

