Baby Yoga Booking Form

Parent Name:

Baby Name: Baby D.O.B Weight at Birth:

Address:

Email:

Telephone hm: Mb:

GP Name:

GP Address:

GP telephone no (if known):

Medical History

List briefly any problems in pregnancy i.e high blood pressure; back pain etc

Please give any details of medication YOU or YOUR BABY are on:

Please give any details of any special needs you or baby may have:

Does our baby have any medical condition I should be aware of?

Have you suffered from any post natal depression?

Is there anything else you would like to make me aware of?

What class would you like to join?

How did you hear about baby yoga?

Please send a cheque payable to Elkie Brooker for the full amount for your course to Camden Cottage, 34 Mill Place, Chislehurst Kent BR7 5ND.

I accept that:

The information I have given is true to the best of my knowledge and I have not withheld any information concerning my health.

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Signed: Dated: