



ABC Baby Classes

Class Date: _____

Venue: _____

Confidential

PLEASE COMPLETE IN BLACK INK USING CAPITALS

Parents/Guardians Name			
Child's Name		Date of Birth	
Tel No Home		Mobile	
Email			
Address			

Where did you hear about the classes: (Please tick)

- Recommendation
 Magazine advert
 Soft play TV promotion
 Flyer
 Birthlight website
 Internet search
 NCT advert
 Other

IT IS IMPORTANT THAT I AM AWARE OF ANY MEDICAL CONDITIONS THAT BABY OR CARER MAY SUFFER FROM e.g. Asthma, diabetes, epilepsy, heart problems etc.

Medical conditions and birth complications: Please tell me about the birth, i.e. forceps, etc.
Medication and where it is kept e.g. inhaler

I have read and understood the Guidelines and Terms & Conditions.

Signature.....Date.....