Toss Your Toddler 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: $144 for 8 session program

Please make check payable to: **Jennifer Brilliant**
Mail to or drop off: Jennifer Brilliant
732A Carroll Street
Brooklyn, NY 11215