

JACQUI NANCEY NEWBORNS

Parents Registration Form

TITLE NAME.....

Occupation(*mother*).....*Father*.....

CONTACT Nos.....*Mob*.....

BABY AGE.....GenderNos. of children.....

Home Address.....

Reasons for attendance:

1.....2.....

3.....4.....

5.....

Your Comments:

CLASS LOCATION.....

Time.....Date.....Day.....

DISCLAIMER

Under no circumstances do we accept any responsibility whatsoever for accidents or injuries suffered by any baby attending the course (either during the course or thereafter) resulting from the client's failure to follow instructions and/or misuse or misinterpretation of our advice.

Clients are also strongly urged NOT TO ADVISE other Mums, Dads or their Nannies to use the techniques applied throughout this course because of the lack of professional follow-up and feedback in such circumstances. In the event that the techniques/advice are shared with persons who did not attend the course, we do not accept any responsibility for any accidents or injuries suffered as a result.

PLEASE NOTE THAT ADVANCE PAYMENT OF YOUR FEES APPLIES BEFORE ATTENDANCE and ALL FEES ARE NON-REFUNDABLE

I confirm that I have read and accept all the above terms of business

Name:.....Signature.....Date.....