



Name:	Address:
Tel:	
Mobile:	
email:	
Your baby's date of birth:	Your baby's name:
<p>Are there any issues relating to your baby's birth that it would be useful for us to know?</p>  <p>Any ongoing/current medical issues/medication that we should be aware of?</p>   	
<p>Where did you find out about the classes?</p>  <p>Date of course you are wishing to attend:</p>  <p>Signed ..... Date.....</p>	
<p><b>Please make cheque payable to 'This Little Piggy' for £50 and send to:</b></p> <p><b>This Little Piggy, The Chiron Centre, 130 Westbury Rd, Westbury-on-Trym, Bristol BS9 3AL</b></p>	

**Client Record Form** – It is a condition of our insurance that we maintain client records. All information remains confidential and will not be passed on for any purposes without your permission.