



SIBLING CLASS REGISTRATION FORM

Please Print Clearly (complete both sides)

Today's date _____

PARENTS NAME _____

MAILING ADDRESS _____

PHONE _____ EMAIL _____

Can you receive text messages? Yes/No

I would like the email monthly newsletter with updates on services & links to parenting articles yes / no

Will you be bringing your partner or support person to class? Yes / No

Check all that apply:

_____ I am pregnant & my due date is _____

Which hospital are you delivering at _____

Name of Children Attending Sibling Class

Childs Age

(Print Full Name as you want it on certificate)

Child 1 _____

Child 2 _____

Child 3 _____

I am registering my child for the Super Sibling Class to be held on _____

(write your preferred date & time of class from calendar)

READ AND SIGN and RETURN TO HAPPY BABY SECRETS OFFICE, WITH PAYMENT BEFORE CLASS DATE

I acknowledge, as a parent I am responsible for decisions of my family and I do not hold Happy Baby Secrets staff responsible for the care and wellbeing of my family. I also understand that Happy Baby Secrets is NOT a medical or healthcare facility and therefore does not offer medical advice. Any medical questions should be directed to my personal healthcare provider and NOT Happy Baby Secrets, Center For Touch or its staff.

I understand that Happy Baby Secrets is an educational resource providing information on pregnancy, information about how to nurture and bond with my baby and offers classes to prepare families for childbirth, breastfeeding & the postpartum period.

Payment and registration is required prior to the first class. No refunds are made but in the event of instructor emergency or inclement weather and cancelation of a class, an alternate date and time of that missed class will be made available. Other Happy Baby Guidelines: Never Ever Shake A Baby, Always Always place a baby on its back to sleep. When available HBS recommends the Velcro "swaddle wrap" & swaddling only as per guidelines by The American Academy of Pediatrics which parents are informed of in class. Information will be available concerning Shaken Baby Syndrome & Sudden Infant Death Syndrome.

For safety reasons, no unattended children (under age 12) allowed during any session. All children must have parent or guardian with them at all times while in classroom.

Parent Signature _____ Date _____

Office Use Only:

You may print this form or have it mailed or emailed to you.

It must be signed & returned with payment before the class date in order to hold your spot.

Registration form may be mailed to (and make check to)

Lorie Cox

3307 Boettcher

Kilgore, TX 75662

Or emailed to happybabysecrets@yahoo.com (remember to scan and send both sides)

Or you may slip it in the door drop box in the office door at the Tyler location. This is in the Woodgate 1 Building at the following address:

1121 South Southeast Loop 323 Suite 217, Tyler, TX