



GROUNDLED SOLES

INTEGRATED HOLISTIC THERAPY



ENROLMENT & DECLARATION FORM

Parent/Carer Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Emergency Contact Name & Phone Number: _____

Baby Information

- Full Name: _____
- Date of Birth: _____
- Allergies, Medical Conditions, or Special Needs: _____
- Any other considerations for the class: _____

Class Details

- Class Name: _____
- Session / Start Date: _____

Declaration

I confirm that I've read and understood both the Class Agreement and Contraindications for Baby Classes documents.

I understand what's expected of me and my baby during classes and will follow the guidelines to help keep everyone safe and comfortable.

Signature: _____

Date: _____

PLEASE COMPLETE AND RETURN THE ENROLMENT & DECLARATION FORM TO
diane@groundedsoles.org

✉ **diane@groundedsoles.org**

f **Grounded Soles**

☎ **07761054666**

📷 **grounded_soles_**