

Bright Stars Play Space Assessment and Registration Form

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| Name of baby | Click or tap here to enter text. |
| Name of caregiver | Click or tap here to enter text. |
| Type of session attending (Baby massage/Toddler yoga/Sensory) | Click or tap here to enter text. |
| Date of first session | Click or tap here to enter text. |
| Telephone contact | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Date of birth for baby | Click or tap here to enter text. |
| Date of birth for caregiver | Click or tap here to enter text. |
| Have you and your baby had your 6 week post-natal check up?  (This is not essential for infant massage) | Click or tap here to enter text. |
| Did your medical professional have any concerns? If so, what were they? | Click or tap here to enter text. |
| Is there anything that may prevent you or your baby doing gentle stretches? | Click or tap here to enter text. |
| Is there anything about the birth of your baby and how you experienced the birth, that might be useful to know? | Click or tap here to enter text. |
| Does your baby have any health conditions (including colic, clicky hips, reflux etc…)?  Please give full details: | Click or tap here to enter text. |
| Do you or your baby have any allergies? | Click or tap here to enter text. |
| Is there any reason you cannot take part in sessions based on the first floor of the play space? | Click or tap here to enter text. |
| How did you find out about us? | Click or tap here to enter text. |