



Infant Massage Group Registration

Name of Parents: _____ Date: _____

Name(s) of those attending (if different) and relationship to Baby:

Name of Baby: _____ Gender: M / F

Date of Birth: _____ Age: _____

Address: _____

Email Address: _____

Phone Number: _____

Please note any medical, health or developmental issues that may impact your baby's experience of infant massage or the group: _____

Select session attending: Friday series (May 6, 13, 20, and 27)

Class Location: (Summerwood Center office complex) 10299 Grand River, Suite P Brighton, MI 48116

Cost: \$75.00 (includes class, handouts, book and oil)

Please send completed registration form and check to:

Jeri Lea Kroll
P.O. Box 1205
Brighton, MI 48116

If you have questions or would like more information, please contact Jeri Lea at:

810.623.5737

jerileakroll@hotmail.com

www.jerileakroll.com