

**What do I do now?**

Fill in the application form or contact us to find out more.

Tugela, Natasha or Pip will contact you to answer any questions you have and see whether you would like to join Mellow Bumps. We look forward to welcoming you to the group and to Toyhouse!



**Doing the best for you**

**and your baby**

**Is your baby due in**

**April, May or June?**

**A short course of**

**6 x 2 hour sessions for**

**mums-to-be, starting:**

**Monday 19th February 2024**

**1pm - 3pm**

Tugela, Natasha and Pip

Toyhouse

The Toyhouse Centre

92 St. Paul’s Way

London E3 4AL

Phone: 020 7987 7399

Email: [info@toyhouse.org.uk](mailto:info@toyhouse.org.uk)

[www.toyhouse.org.uk](http://www.toyhouse.org.uk)

Like us on Facebook: Toyhouse London



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**Every parent-to-be wants the best for their baby.**

One of the best things you can do before the baby is born is to look after yourself as well as preparing for the new arrival.

This six-week group will help you connect with your baby and relax. We will learn about what your baby can already do and how you can prepare to make him or her welcome.

We will also talk about common questions or worries that you may have about becoming a parent.

Getting together with other mums-to-be and sharing ideas can be really supportive. They know how you are feeling, so you can support each other.

**What will the group be like?**

There will be about 6 to 8 mums-to-be and 2 staff. We will meet in a room where we can be private and have space for ourselves. Every week we will do some activities for ourselves and some activities to help us think about your baby, what they can do now and what they will need in the future.

Everything discussed in the group is private, unless we think you or your baby might be at risk.

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**Mellow Bumps Application Form**

**The course will run for 6 sessions in February & March:**

**Mondays 1pm to 3pm**

**from Monday 19th February**

Light refreshments provided

**Please note: we cannot provide childcare**

**Address overleaf**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Mobile Phone** |  |
| **Email** |  |
| **Date of Birth** |  |
| **Expected Date of Delivery (EDD)** |  |
| **Do you have any other children?** | Yes / No If yes, then ages: |
| **Is this your first pregnancy?** Yes / No | |
| **Signed**  **Date:** | |
| **If referred by another person / organisation, give details below:**  Name: Role:  Contact email: Phone No:  Additional comments: | |