

NATURAL IMAGES BABY PLAN

(281) 890-8151 ~ Cell (713) 562-2931 ~ Email: naturalimages@att.net

| | | | |
|---|--------------------------------------|---|---|
| \$250.00 ~ (\$268.13 with tax) | | | |
| Add a Baby Plan to add to your Newborn Session for \$150 ~ (\$160.88 w/tax) | | | |
| Choose One of Two Plans at the following stages: | | | |
| A | Pushing Up Sitting Up Standing | B | Sitting Standing Family between age 1 and 2 |

Please fill out and return with your payment if you are interested in the Baby Plan.

I understand that I am joining the Baby Collection Program with **Natural Images** and that I am paying a program that is non-refundable. I also understand that the program expires when my child turns 2 years old. All photos taken during your Baby Collection program are considered to be under an agreement of a **model contract**. This includes any and all subjects in the photographs. Portrait prices and times offered are subject to change without notice.

Scheduling Policy:

I understand that I am responsible for calling Natural Images to schedule my sessions. We are by appointment only. If an appointment is needed for another day, there is a \$25 after-hours fee. Viewing appointments are scheduled Monday-Friday from 10am (first available appointment) to 4:00pm (last available appointment). Please be prepared to make your appointments during our business hours.

Cancellation Policy:

If your baby is sick or out of sorts, please call the studio ASAP to reschedule. You will be allowed one cancellation per session without penalty. If you should need to reschedule for the same session more than once, a \$25 penalty fee will be charged for each subsequent reschedule. This also applies to the Presentation appointment.

Client Information

| | | | |
|---------------|--|-------------|--|
| Mother's Name | | Cell Phone | |
| Father's Name | | Other Phone | |
| Address | | Zip | |

Baby's Information

| | | | |
|------------------|------|--------|--------|
| Baby's Full Name | | | |
| Birth Date | Time | Weight | Length |
| | | | |

Printed Name: _____

Signature: _____

Date: _____