Elizabeth Belfry, Registered Massage Therapist, Certified Infant Massage Therapist – MaternityMassageTherapy.com

Infant Massage Registration Form

Child's Name: _____ Age: _____

Caregiver's Name(s): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

How did you hear about our Infant Massage Lessons? ☐ Friend – (who?) _____

☐ Internet ☐ Rack card/Business Card ☐ MD/Midwife ☐ Other _____

Why are you interested in learning infant massage?

Who, other than the child, will participate in the lessons? ☐ 1 caregiver ☐ 2 caregivers

☐ 1 sibling ☐ 2 siblings ☐ Other _____

Which of the following are you interested in?

☐ Private lessons in your home

☐ Hosting group lessons in your home

How many families (baby/caregiver) are you able to accommodate? _____

How many acquaintances of yours do you expect to participate? _____

Would you like me to find other families to participate in lessons at your home? ☐Y ☐N

☐ Participating in group lessons at someone else's home

How many families (including yours) are you comfortable working in a group with?

☐ 2 ☐ 3 ☐ 4 or more ☐ any amount

☐ Being put on a wait list for the next available series of group classes in a community facility

What days/times of those listed below can you & your child be available for lessons?

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS	SATURDAYS
☐ 9:30 – 10:30am	☐ 9:30 – 10:30am	☐ 9:30 – 10:30am	☐ 9:30 – 10:30am	☐ 9:30 – 10:30am	☐ 9:30 – 10:30am
-	-	☐ 11am – 12pm	-	-	☐ 11am – 12pm
☐ 12:30 – 1:30pm	☐ 12:30 – 1:30pm	☐ 12:30 – 1:30pm	☐ 12:30 – 1:30pm	☐ 12:30 – 1:30pm	☐ 12:30 – 1:30pm
☐ 2:00 – 3:00pm	☐ 2:00 – 3:00pm	☐ 2:00 – 3:00pm	☐ 2:00 – 3:00pm	☐ 2:00 – 3:00pm	☐ 2:00 – 3:00pm