



jbickham@limitlessped.com

REGISTRATION FORM "INFANT MASSAGE"

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

ALLERGIES/MEDICATIONS: _____

EMERGENCY CONTACT #1: _____

EMERGENCY CONTACT #2: _____

WHAT WOULD YOU LIKE YOU AND YOUR CHILD TO GET OUT OF THE INFANT MASSAGE CLASS? _____

ADDITIONAL COMMENTS: _____

1 hour class: \$25____ 4 Pack class: \$90____

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Make checks payable to: Limitless Pediatric Solutions