



Infant Massage Class Registration Form

Today's Date: _____

Class Date & Time: _____

Parent/Caregiver's Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ E-mail: _____

Race: _____ Ethnicity (circle one): Hispanic/Latino or Not Hispanic/Latino

Primary Language: _____

Baby's Information

Baby's Name: _____

Male / Female _____ Date of Birth: _____

Race: _____ Ethnicity: Hispanic or Latino/Not Hispanic or Latino

Was baby premature? Yes _____ No _____ (if "Yes") How early? _____

Birth Weight: _____ lbs. _____ oz. Present weight: _____ lbs. _____ oz.

Any concerns that you have with your baby? (recent surgery or hospitalization) _____

Does the baby have any chronic, behavioral, emotional issues expected to last longer than 6 months?
If yes please specify. _____

Any concerns for parents/caregivers or special considerations needed? Are you able to sit on the floor? _____

Please Bring:

- Your baby
- A pillow
- A blanket for baby
- 2 washcloths

**\$15 is due before class start date.
Make checks payable to WCHD and
mail to:
Wood County Health Department
184 2nd Street North
Wisconsin Rapids, WI 54494**

If you participate in the WIC Program, you may be eligible for a scholarship! Please check this box if you are interested in applying for a scholarship to cover the \$15



Please dress comfortably as we will be sitting on the floor. We look forward to meeting you and your baby!
Questions? Please call (715) 421-8911