



Body-Mind Wellness at Healing Hands Chiropractic

Kids' Yoga Registration Form

Child's Information:

Child's Name: _____ DOB: _____

Parent / Guardian Name: _____

Mailing address: _____

Phone: (home) _____ (cell) _____

Email: _____

How would you prefer to be contacted (phone or email)? _____

Emergency Contact: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Hobbies / Interests: _____

How did you hear about us? _____

Has your child taken a yoga class before? If yes, how long ago?

What are your current goals for your child's physical and emotional health? What do
You hope he/she may gain from the experience of yoga?

Your Child's Health:

Please list any medications or supplements your child currently takes:

Please list any other holistic health practices your child currently uses (acupuncture, chiropractic, reflexology, reiki, tai chi, therapeutic massage, etc.):

Please circle any of the following which your child experiences. *All answers are kept strictly confidential.*

Anxiety

Depression

Frequent Ear Infections

Asthma

Diabetes

Scoliosis

ADD/ADHD

Digestive Problems

Other (please specify):

Constipation

Frequent Headaches
