

Questionnaire



Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phone Numbers: _____

In case of emergency contact: _____

1st Child's Name: _____ 1st Child's Birth Date: _____

Medical History of 1st Child: _____

2nd Child's Name: _____ 2nd Child's Birth Date: _____

Medical History of 2nd Child: _____

Do you have any health or medical issues that we should be concerned with in your yoga practice?

Yes No If so, please describe: _____

Do you have any previous instruction in Hatha yoga? Yes No

If so, with whom and for how long: _____

How did you hear about Itsy Bitsy Yoga? _____

What are you & your baby hoping to achieve by participating in the Itsy Bitsy Yoga program?

Thank you for sharing the practice of yoga with your little ones!

www.ItsyBitsyYoga.com

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