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Pre/Post Natal Registration Form

Please indicate what you are registering for:

- Mom's Group
- Workshop Title _____ Date of Workshop _____
- Doula Care
- Birth Preparation Classes Preferred Date: _____

Name: _____

Address: _____

Home Telephone _____ Cell Number _____ Email _____

Registration Information

Moms Group \$65.00 for 5 Session

Workshops \$25.00 each

Method of payment:

- Cheque: Please mail your completed form and a cheque payable to **PhysioPlus Health Group** to:

PhysioPlus Health Group
102-2489 Bloor Street West
Toronto, Ontario M6S 1R6

- Credit Card: Credit Card Type (Please Check one): Visa MasterCard

Card Number _____

Expiry Date (mm/yy) _____

Signature _____

For Birth Preparation Classes or Doula Care only:

Baby's Due Date: _____ First baby? _____

Practitioner: _____ Place of Birth: _____

How did you hear about us?

- Internet friend flyer other _____

**Please call 416.760.8280 or email info@physioplushealth.com for additional information.
Please be assured that all information collected will be kept confidential.**