



# Parent Educator of Infant Massage Training Registration

I'm attending as a participant in the Healthy Start Miami-Dade Agency training January 26, 27, 28, and 29, 2009 in Miami, FL.  
(THANK YOU FOR PRINTING LEGIBLY)

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

2. On a separate sheet of paper, please state how you envision teaching Infant Massage in your program.

3. Background and Experience: Please indicate how long you have been involved in your field/s.

Nursing \_\_\_\_\_ Physical Therapy \_\_\_\_\_  
Parent Ed. \_\_\_\_\_ Occupational Therapy \_\_\_\_\_  
Childbirth Ed. \_\_\_\_\_ Social Work/Counseling \_\_\_\_\_  
Early Childhood Ed. \_\_\_\_\_ Infant Mental Health \_\_\_\_\_  
Massage Therapy \_\_\_\_\_ Special Education \_\_\_\_\_  
Other \_\_\_\_\_ Other \_\_\_\_\_

### Office use:

Registration received: \_\_\_ / \_\_\_ / \_\_\_

Exam and practicum received: \_\_\_ / \_\_\_ / \_\_\_

Acceptance packet: \_\_\_ / \_\_\_ / \_\_\_

Date of Certification: \_\_\_ / \_\_\_ / \_\_\_

4. I declare that I am sensitive to the welfare of babies and families, over 18 years of age and know of no reason why I should not attend this course. I declare that all above information is correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION POLICY

I understand that attendance at all 4 days of the training is required as well as participation in the 3 days of the practice teaching demonstration class and that partial credit can not be given if I miss classroom time and participation for an family emergency.

5. I have read and agree to abide by the certification policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_