



Date of Application \_\_\_\_\_  
Starting Class Date: \_\_\_\_\_

## Childbirth Class Registration Form

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

What is your estimated due date? \_\_\_\_\_

Do you have other children (names and ages)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where were they born? \_\_\_\_\_

\_\_\_\_\_

If you are not pregnant, what is your background and interest in birth? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any complications with past pregnancies or labors? For example, miscarriages, prematurity, episiotomy, anesthesia reactions, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you having any difficulties with this pregnancy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

With whom are you receiving prenatal care? \_\_\_\_\_

Where will you give birth? \_\_\_\_\_

Do you have anyone else to assist you at the birth (Labor Assistant/Birth Doula, mother, friend)? \_\_\_\_\_

\_\_\_\_\_

Do you intend to breastfeed the baby? \_\_\_\_\_

How did you hear about the classes? \_\_\_\_\_

\_\_\_\_\_

Anything else it would be helpful for me to know? (Use back of paper)