

# Childbirth Education Registration Form

Mother's/Partner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Due Date: \_\_\_\_\_

Location of Delivery: \_\_\_\_\_ Caregiver \_\_\_\_\_ OB GP Midwife

Labour Support Team: \_\_\_\_\_

Food/ Environmental Allergies (both of you): \_\_\_\_\_

\_\_\_\_\_

Dates of Classes: \_\_\_\_\_

Where have you gotten most of your information about pregnancy/childbirth/postpartum?

\_\_\_\_\_

If you could only ask one question in this series what would it be? \_\_\_\_\_

\_\_\_\_\_

Your biggest concern is.... \_\_\_\_\_

When you think about labour you wonder..... \_\_\_\_\_

\_\_\_\_\_

Do you want an Epidural or any pain medication? Y N Undecided

What are you hoping to learn from this childbirth education series? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Previous experience with babies: Diapering Y N Changing Y N

Holding Y N Burping Y N

Choose format: Standard Prenatal Add CPR Method of Payment: \_\_\_\_\_

Please fill out this form and e-mail it to [michelle@birthbeginnings.com](mailto:michelle@birthbeginnings.com) or mail to Birth Beginnings, 4187 Sutherland Crescent, Burlington, ON, L7L 5G3