



BIRTH class registration form

Name:	Date:		
Address:	Phone Numbers:		
Email:			
Estimated Due Date:	Birth Attendant:		
# of Current Children: Ages:	Attendant Phone Numbers:		
Occupation:	Attendant Email:		
Birth Year:	Marital Status (optional):		
How did you find out about these classes? _____			
List any dietary restrictions (allergies, vegetarian, vegan, Kosher, diabetic, etc.) _____			
Any problems during this or previous pregnancies? _____			
Please describe any previous birth experience (personal or witnessed) you have had. _____			
Do you know anything about your own birth? Would you share that information? _____			
Who will be professionally attending your birth? Where?			
Who else will be attending the birth?			
Name	Relationship	Taking this class?	Phone Number(s)
		Y N	
		Y N	

In order to customize our classes, it would be helpful to know the following:

	Yes	No	N/A	Comments:
I plan to breastfeed.	<input type="checkbox"/>	<input type="checkbox"/>		
I have breastfed previously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I want to know more about breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>		
I feel confident about my ability to breastfeed.	<input type="checkbox"/>	<input type="checkbox"/>		

On a scale of 1 to 10, how do you feel about pain medication?									
None for me									Definitely
1	2	3	4	5	6	7	8	9	10

When I think of birth, I...	_____
What I want from this class is...	_____

Please have your birth attendant (spouse, significant other, family member, friend) who will be your primary labor support answer the following questions:

Please describe any previous birth experience (personal or witnessed) you have had. _____
Do you know anything about your own birth? Would you share that information? _____
What I want from this class is... _____