

Choices for Childbirth.com

REGISTRATION FORM

THE INFORMATION WHICH YOU PROVIDE HERE IS CONFIDENTIAL AND WILL HELP ME TO GET ACQUAINTED WITH YOU BEFORE CLASS. I APPRECIATE YOU TAKING THE TIME TO FILL THIS OUT.

NAME: _____ DUE DATE: _____ CLASS DATES: _____

ADDRESS: _____ ZIP: _____

PHONE: HOME _____ WORK _____ BEST TO CALL: _____

OCCUPATION: _____ AGE: _____ E-MAIL _____

PARTNERS NAME: _____ OCCUPATION: _____

RELATIONSHIP TO MOTHER: _____

NAME & PHONE NUMBER OF DOCTOR OR MIDWIFE: _____

WHERE DO YOU PLAN TO HAVE YOUR BABY?: _____

HAVE YOU BEEN PREGNANT BEFORE?: _____ AGES OF CHILDREN: _____

IF YOU HAVE GIVEN BIRTH BEFORE DESCRIBE IN BRIEF THE BIRTH EXPERIENCE YOU HAD:

DESCRIBE THE BIRTH EXPERIENCE YOU WOULD LIKE TO HAVE:

ANY MEDICAL CONDITION WHICH COULD EFFECT YOUR BIRTH?: _____

HOW DO YOU PLAN TO FEED YOUR BABY?: _____

WHAT BOOKS HAVE YOU ENJOYED?: _____

WHAT DO YOU HOPE TO GET FROM THESE CLASSES?: _____

WHERE DID YOU HEAR ABOUT THE CLASSES? _____

CLASS FEE: \$
ENCLOSED \$
BALANCE DUE \$

GAYATRI MARTIN CCE, RN
CERTIFIED CHILDBIRTH EDUCATOR
212.725.1078

220 EAST 26 STREET #6L
NEW YORK, NEW YORK 10010
INFO@CELEBRATETANGO.COM