

# Childbirth Preparation Classes Registration Form

Expectant Mother Name: \_\_\_\_\_

Birth Partner/Coach Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

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

Estimated Due Date: \_\_\_\_\_

Physician: \_\_\_\_\_

First Pregnancy: Yes or No

Circle one: Breastfeeding or Bottle feeding

## Childbirth Preparation Sessions: (please check one)

- Session 1: February 6, 2010 (session time: 9am-4:30pm)
- Session 2: May 22, 2010 (session time: 9am-4:30pm)
- Session 3: Aug 4, 11, 18 and 25, 2010 (session times: 6:30-8:30pm)
- Session 4: November 13, 2010 (session time: 9am-4:30pm)

\*Session Fee is \$15, please send check or money order made payable to:

Redwood Area Hospital  
Attn: Education Department  
100 Fallwood Road  
Redwood Falls, MN 56283

If you have any questions about Childbirth classes, please contact the Education Department at 507-637-4527.