

Prenatal Class Registration Form

Mother's name _____

Age _____ Profession _____

Partner's name _____

Age _____ Profession _____

Address _____

City _____ Prov. _____ Postal code _____

Home Phone # _____ e-mail _____

Phone number for cancellation of classes * _____ *

Due date _____ Intended place of birth _____

Care giver _____

Is this your first pregnancy? _____

If no, please state name and age of children. In case of any miscarriages or stillbirths please state dates.

Any complications with this pregnancy?

Are you taking any medication?

Intended method of feeding your baby:

Breastfeeding Bottle-feeding Don't know

How did you hear about the classes? _____

Start Date of course: _____

Location of course: _____