



Class Registration Form

When completing this form please give the information you feel comfortable sharing and use the name you like to be called among friends. I do not share any of the information you include with anyone.

Mom _____ Husband or Partner _____

Address _____ Phone(____)-_____
_____ Phone(____)-_____

E-Mail _____

Doctor or Midwife _____ Due Date _____

Where will your baby be born? _____

How did you hear about these classes? _____

Start Date of Chosen Series: _____

Format For Chosen Series (8-week in-depth or 2-week refresher): _____

****Remember, you must have previously given birth to enroll in the 2-week refresher.****

Do you have any other children?

Name(s) and Age(s) _____

Previous birth experience(s): Unmedicated? _____ Medication? _____
Cesarean? _____ Long +/-or Difficult _____
Episiotomy? _____ Vacuum/Forceps? _____

Other complications or problems with previous pregnancy, labor, birth or baby?

Are there any unusual circumstances regarding this pregnancy? _____

What is your greatest concern about childbirth? _____

What are you enjoying most in this pregnancy? _____

Do you plan to breastfeed? _____

What do you hope to gain from Birth Works® Classes? _____

Thank you for taking the time to fill out this form. Please return it with your \$50 deposit to hold your place in class (unless you have already paid online or made other arrangements for payment) to:

Amara Minnis, CCE (BWI)
4869 Wyandotte Road
Virginia Beach, VA 23462

Balance is due the first night of class. (\$250 for 8-week in-depth or \$175 for 2-week refresher)