

Childbirth Preparation Class

Registration Form



Expectant Mother Name (required) _____

Birthing Partner Name _____

Your email _____

Phone Number (required) _____

Address _____

City _____ State _____ Zip _____

Physician _____ Due Date _____

Is this your first pregnancy? _____ YES _____ NO

I plan to: _____ Breastfeed _____ Bottle Feed

Class Scheduling preference:

Month _____

_____ 2nd Tuesday from 7 - 8 p.m. _____ 4th Tuesday from 7 - 8 p.m.

_____ Schedule conflict, please contact me

Comments / Questions:

Cost: \$15

Please enclose a check for **\$15.00**. Course fee includes two books for you to keep.

Registration required. A nurse will contact you to confirm your registration. If you have not heard from someone within two weeks of registering, contact Wendy Dahl at 507-637-4527.

Mail form to:

Wendy Dahl
Redwood Area Hospital
100 Fallwood Road
Redwood Falls, MN 56283