

ONE DAY INTENSIVE CHILDBIRTH CLASS REGISTRATION

Please return with your \$50 class deposit to:

JOURNEY BIRTH SERVICES

Amy Borrelli
52 Marshall Road
Glen Mills, PA 19342

Today's Date _____ Due Date _____

Mother's Name _____ Occupation _____

Partner's Name _____ Occupation _____

Address _____

Home Phone _____ Email _____

Doctor or Midwife _____

Planned Birthplace _____

Class date for which you are registering _____

Assuming a 'normal' labor, would you like to strive for a natural birth? If so, why? _____

Have you discussed your expectations for labor/birth with your provider? _____

Were they supportive? _____

Do you plan to breastfeed? _____ If no, why not? _____

Do you plan to circumcise if male? _____ If yes, why? _____

What do you hope to gain from this class? _____

What are your main concerns regarding labor and birth? _____
