

**CHILDBIRTH CLASS SERIES REGISTRATION**  
Please return with your \$50 series 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 series for which you are registering \_\_\_\_\_

How would you describe your diet? \_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_