

**Self Regional Healthcare Childbirth Classes
Registration Form**

Name: _____

Address: _____

Phone number where you can be reached: _____

Email address _____

Name of person attending with you: _____

Relationship to you: _____

The due date for your baby's arrival is: _____

What is your feeding choice for the baby?

Breast Bottle Undecided

How would you like to manage your labor pain?

Natural Epidural Undecided

Describe any conditions (medical or otherwise) you feel your instructor should be aware of:

What do you hope to gain from this class?

What is your biggest fear about labor and delivery?

What month do you plan to attend childbirth classes: _____

Deadline for registration is one week before the first class of the series

Please bring two pillows with you to each class

Send your check or money order for \$50 payable to *Self Regional Healthcare Foundation* to:

Self Regional Healthcare
Women's Center
1325 Spring St.
Greenwood, SC 29646

For further information please call 864-725-4914