

**Self Regional Healthcare Childbirth Classes
Registration Form**

Name: _____ Age _____

Address: _____

Name of person attending with you: _____

Relationship to you: _____

Occupation of Mom _____ Coach _____

Phone number where you can be reached: (h) _____

(w) _____

Email address _____

Name of your doctor: _____

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

Sex of baby if known: _____

About you or your plans:

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 is your favorite "Ol' Wives tale"? _____

What is your favorite pregnancy or childbirth related web site or TV show? _____

Starting date of class that you would like to attend: _____

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* at:

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

For further information please contact: Karen Londo at 725-6216