



BirthWise in Birmingham
Childbirth Class Registration

Tel: 205-614-3297

Date: _____ Date of Class: _____

Name: _____ Phone: _____ (mobile/Work/home, text? yes/no)

Partner: _____ Phone: _____ (mobile/Work/home, text? yes/no)

Home Address: _____

Email: _____

Due date: _____

Mark your selection(s):

- Five week childbirth class
- Refresher class
- Essential Comfort measures class
- Open House (FREE)

Doctor/midwife: _____ Doula: _____ Hospital: _____

How did you find out about this class? _____

Is this your first baby? _____ Second baby? _____ More? _____

Do you plan to breastfeed? _____

Is there any particular subject or concern you want to be sure I address in class?

Please send a \$50 deposit with your registration to:

Dalia Abrams
976 Linwood Rd.
Birmingham, AL 35222

Amount enclosed: _____

Amount Due: _____

You may also email the completed registration to BirthPower@Bellsouth.net

Thanks!

www.BirthWiseinBirmingham.com