

Childbirth Education Registration Form

We look forward to learning more about you as you prepare to welcome your baby!

Please complete the form below and return with payment in full prior to the first class. The fee for class is 165.00. We are not able to hold a space until payment is received. Space is Limited.

Please feel free to contact us at (610)864-5468 if you have any questions.

Parent(s) names _____

Address _____

City _____ State _____ Zip _____

Daytime phone(s) _____

Evening phone _____ Cell phone(s) _____

e-mail: _____

Starting date of class you prefer: _____

What is your estimated due date? _____

Who is your maternity care provider? _____

Where do you plan to deliver your baby? _____

Is this your first baby? (circle one) yes / no

Sibling names and birthdates: _____

Have you completed childbirth education in the past? (circle one) yes / no

What do you hope to achieve through childbirth education classes?

Is there anything else we should know about you and your family that will help us provide you with effective childbirth education?

Payment information: (please check one)

I have enclosed a check (made payable to Nicole Nordberg.)

I would like to pay with a credit card.

(circle one) Visa / Mastercard

card number: _____ ex. date: _____ cvv _____

name as it appears on the card: _____

Please return to: Nicole Nordberg, A Woman's Work Doula Services, 408 Manor Ave. Plymouth Meeting, PA 19462 or email to nicole@awwdoulas.org