

# The Birth You Want: Planning for Natural Childbirth Registration

Your Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Will your partner be attending class? \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home, work, cell—best way to find you numbers): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Your estimated due date: \_\_\_\_\_

Is this your first child? \_\_\_\_\_

Where are you intending to give birth? Hospital Home Undecided

Have you attended a birth before? \_\_\_\_\_

Anything else you'd like us to know? \_\_\_\_\_

Weekend class fee is \$150. To register, please include a \$50 deposit and send to:

Jana Studelska or Birth Duluth

8 N 2<sup>nd</sup> Ave E, Suite 209

Duluth, MN 55803

Call Jana @ 340-2108 if you'd like to make payment arrangements. Thanks!