

Breastfeeding Basics Class

Last Name, First Name _____

Address:

Phone: _____ Work: _____ Cellular: _____

Breastfeeding Experience:

Positive Reflections on past breastfeeding experiences: _____

Concerns about past/present breastfeeding experiences: _____

Planned Place of Birth: _____

Are they supportive of you breastfeeding? _____

1. What are you hoping to gain from this class?
2. What accommodations are needed for you to fully participate in the class?
3. Do you have any topics of concern or interest that you would like to see covered in class?

Please return this form with your \$10.00 class fee to Jennifer Green, 2253 Calvert Street, Virginia Beach, VA 23451. If you would like to email this completed form, please send it to jennqgreen@verizon.net. Once it has been received you will get a Paypal invoice for the deposit. No spot is guaranteed until the form and deposit have been processed.