

Empowering Birth Class

Last Name, First Name _____

Persons Attending Birth

1. _____
2. _____
3. _____

Address:

Phone: _____ Work: _____ Cellular: _____

Birth Experience:

Previous Pregnancies: _____ Births: _____

Positive Reflections on past pregnancies and/or births: _____

Concerns about past pregnancies and/or births: _____

Planned Place of Birth: _____

Are they supportive of your birth hopes? _____

1. What are you hoping to gain from a childbirth education series?

2. What accommodations are needed for you and your birth team to fully participate in the eight-week 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 \$50 non-refundable deposit 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.