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**Registration**

**Due Date** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Partner's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Delivering Hospital (circle) Fairview Ridges (Burnsville) Fairview Southdale (Edina) Physician \_\_\_\_\_

Pregnancy Number \_\_\_\_\_ Miscarriages \_\_\_\_\_ Have you taken a Childbirth Class before? \_\_\_\_\_

What are the names/ages of your other children? \_\_\_\_\_

What specific topics would you like to see covered in this class?

	<b>1<sup>st</sup> Choice Date/Location</b>	<b>2<sup>nd</sup> Choice Date/Location</b>	<b>Fees: One Class</b>	<b>Fees: Two Classes</b>
Childbirth Preparation ( <i>five week</i> )			\$100.00	\$100.00
Childbirth Preparation ( <i>one day</i> )			\$100.00	\$100.00
Refresher for Repeat Parents			\$40.00	\$40.00
Breastfeeding			\$30.00	\$20.00
Confirmation + PP sent:				

**Mail form and fee payable to:** Jeanne Hartwig 17515 Iceland Ct. Lakeville, MN 55044