



Class Registration Form

All information is confidential. How much and what you share is up to you.

Mother's name: _____ Partner's name: _____

Today's date: _____ Estimated due date: _____

Mailing address: _____

Phone(s): _____ Email: _____

Mother's age: ____ Occupation: _____ Partner's occupation: _____

Your care provider(s): _____ Intended birthplace: _____

1st pregnancy? _____ Miscarriages? _____ Fertility issues/IVF? _____

Ages of other children: _____ Doula?: _____ Name: _____

Preferred class days of week & dates? _____

What do you already know about BIRTHING FROM WITHIN? _____

What are you hoping to get out of our time together? _____

Do you have any specific topics, questions, or concerns you want covered in class? _____

Questions for partner:

What are you hoping to get out of our time together? _____

Do you have any specific topics, questions, or concerns you want covered in class? _____

Is there anything else **either of you** want me to be aware of? _____

Check here if you want information about flexible payment arrangements.

Please return this form along with a \$50 deposit to:

Melissa Hunter, 5356 E Burns Ave, Fresno, CA 93725

cell (559) 284-7038 ~ fax (559) 201-1421 ~ melissa@fresnodoula.com