



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 & date(s): _____

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: Virginia Bobro, 9 San Marcos Trout Club, Santa Barbara, CA 93105

805.729.6670



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