



## Informed Birth Choices, LLC

### REGISTRATION QUESTIONNAIRE

*This questionnaire is confidential and is used solely by the instructor for the purpose of addressing your specific needs. Please mail/email this completed questionnaire to the instructor at [Danielle@informedbirthchoices.org](mailto:Danielle@informedbirthchoices.org) or IBC 5 Payson Ave. Catonsville MD 21228.*

**Class(s) you are registering for:**

**Your full Name(s) (mom and partner):**

**What you prefer to be called:**

**Phone Numbers** (please list a number where you can be reached incase of an emergency class cancellation):

(Mom)Home:

Cell:

Work:

(Partner)Home:

Cell:

Work:

**Email(s):**

**Your Occupation:**

**Partner's Occupation:**

**What is your estimated due date?**

**Do you have other children?**

**What are their ages?**

**Where were they born?**

**Any complications with past pregnancies/births?** (miscarriages, premature, episiotomy, anesthesia reactions, etc.)

**Are you having any difficulties with this pregnancy?**

**Who is your Dr./Midwife?**

**Where will you give birth?**

**Do you have anyone else to assist you at the birth?** (Labor Assistant/Birth Doula, mother, friend, etc.)

**Do you intend to breastfeed the baby?**

**How did you hear about the classes?**

**Anything else it would be helpful for me to know? (Use back of paper)**

*A spot will be reserved for you after I have successfully received your payment. If you have any questions do not hesitate to [contact me](#). Classes are subject to change or cancellation. Refunds may be awarded up to two weeks prior to the start of class.*