



2000 North Avenue  
Northfield, MN 55057

### Childbirth Education Program Registration Form – Expectant Mother

**Class: PREPARED CHILDBIRTH**  
Date: \_\_\_\_\_ Fee: \$75  
 Tuesdays     Saturday

**Class: BREASTFEEDING**  
Date: \_\_\_\_\_ Fee: \$25  
 Thursday

**Class: BABY BASICS**  
Date: \_\_\_\_\_ Fee: \$25  
 Tuesday     Saturday

Mother’s last name: \_\_\_\_\_

Mother’s first name: \_\_\_\_\_

Labor partner’s last name: \_\_\_\_\_

Labor partner’s first name: \_\_\_\_\_

Mother’s address (street, city, zip code): \_\_\_\_\_  
\_\_\_\_\_

Mother’s telephone number: \_\_\_\_\_ Mother’s Email: \_\_\_\_\_

Care Team/Provider: \_\_\_\_\_ Hospital: \_\_\_\_\_

Estimated due date: \_\_\_\_\_

- Where did you learn about these classes? (check boxes that apply)  
 Provider     Website /internet     Flyer     Friend     Other: \_\_\_\_\_
- Have you been treated for any pregnancy complications?  Yes     No (if yes, please see the instructor)

Email your completed registration form to [babyclasses@northfieldhospital.org](mailto:babyclasses@northfieldhospital.org) for class availability and payment information. Your spot in the class(es) is not guaranteed until payment is received, and you have been sent a confirmation with receipt for payment. Registration is per “couple” and is good for two people.