



CHILDBIRTH EDUCATION CLASS

Enrollment Form

Class Date: _____ 9am – 1pm

Mother's Name _____ Age _____

Occupation _____ Email Address _____

Coach/Support Person Name _____ Age _____

Occupation _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Previous # of Pregnancies _____ Vaginal Delivery or Cesarean Section

Any problems with previous pregnancies? _____

Obstetrician _____ Due Date _____

Planning to breastfeed? Yes No Undecided

If a breastfeeding class was offered would you take the class? Yes No Unknown

Any specific topics you would like presented in class? _____

Please explain _____

Class tuition is due at time of enrollment. Tuition checks made payable to Tulsa OB-GYN Associates, Inc. Checks will not be cashed until the week before class starts. Snacks, gift bag and hospital tour are included in your enrollment fee. The instructor will contact all couples the week of class to confirm attendance and explain all the details of the day.

Check # _____ Cash Receipt _____

Class content is a collaboration of Tulsa OB-GYN Associates, Inc. and nurses from SJMC Labor & Delivery.