

Childbirth Education
Date of Class

Breast Feeding Class

Jan 10 Jul 10
 Mar 13 Sep 11
 May 8 Nov 13



Knox Community
HOSPITAL

The Birthing Center

Are You a Care Net Client? Yes No

Knox Community Hospital
Attn: Birthing Center
1330 Coshocton Road
Mount Vernon, OH 43050

Childbirth Education Registration Form

Today's Date _____

Expectant Mother's Name _____ Age _____ Due Date _____

Occupation (past or current) _____

Address _____ City, State, Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Names and ages of other children:

Name	Sex	Age	Name	Sex	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Briefly describe your previous birth experience(s) _____

Labor partner name _____ Age _____

Occupation (past or current) _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Your Doctor's Name _____ Baby Doctor's Name _____

Where do you plan to give birth (name of hospital) _____

What is your infant feeding choice: Breast feeding Bottle

Describe any conditions (medical or otherwise) you feel your instructor should be aware of:

What is your greatest concern about this pregnancy, labor or birth?

What do you hope to gain from these classes?