

Childbirth Education Class

Monday Classes: 6:00 pm – 8:30 pm

|Jan 3, 10, 17 |Jul 11, 18, 25
|Mar 7, 14, 21 |Sept 12, 19, 26
|May 2, 9, 16 |Nov 7, 14, 21

Breast Feeding Class

|Jan 13 |Mar 10 |May 12
|July 14 |Sept 8 |Nov 10



The Birthing Center

1330 Coshocton Road
Mount Vernon Ohio 43050
740.393.9731
www.KnoxCommHosp.org

Saturday Classes: 8:00 am – 4:00 pm

|Feb 12 |Aug 13
|April 16 |Oct 8
|June 11 |Dec 10

Breathing & Relaxation Class

|Feb 14 |Aug 15
|Apr 18 |Oct 10
|June 13 |Dec 12

Are You a Care Net Client? [] Yes [] No

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's 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?