



**Bradley® Class Registration**

Mother's Name: \_\_\_\_\_ Estimated Due Date: \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ Evening Phone Number: ( ) \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Relationship to Mother: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_ Coach's E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Birth Location(circle one): Home / Birth Center / Hospital Name: \_\_\_\_\_

Planned Birth Attendant (circle one) OB FP midwife Name: \_\_\_\_\_

Baby # \_\_\_\_\_ Baby's sex (if known) \_\_\_\_\_ Previous birth experiences (if applicable): \_\_\_\_\_

Are you planning on breastfeeding & why? \_\_\_\_\_

What books have you read regarding pregnancy or childbirth: \_\_\_\_\_

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Any problems or concerns regarding this pregnancy or birth? \_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

Any fears in regard to this birth? \_\_\_\_\_

What are you most interested in learning from these classes? \_\_\_\_\_

How did you hear about these classes? \_\_\_\_\_

On a scale of 1 to 10, how does your partner feel about attending classes with you?

(Wish he could be doing anything else but childbirth class) 1 2 3 4 5 6 7 8 9 10 (totally excited)

Class Start Date: \_\_\_\_\_

Total Class Fee: \_\_\_\_\_

Class size is limited. A deposit of \$50.00 is required with this registration form to hold your space in the class. The remaining \$200 is due at the first class. Please complete this form and return it to: Karina Bolger 16612 Malaga Hills Dr. Round Rock, TX 78681

If you have any questions or concerns, please don't hesitate to call me at 828-0514 or drop me an e-mail at [Kbolger@austin.rr.com](mailto:Kbolger@austin.rr.com)

Karina Bolger | 16612 Malaga Hills Drive | Round Rock, TX 78681 | Home: 828-0514 Cell: 297-0538