



**Bradley® Refresher 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 / midwife Name: \_\_\_\_\_

Baby # \_\_\_\_\_ Baby's sex (if known) \_\_\_\_\_

Previous Birth Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you would like to do differently this birth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 covering in these classes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class Date/Time: \_\_\_\_\_ Total Class Fee:  \$75

Class size is limited. A deposit of \$25.00 is required with this registration form to hold your space in the class. The remaining \$50 is due at 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)