



Class Information/Registration Form

(BELIEVE IN BIRTH Childbirth Classes)

BELIEVE IN BIRTH is a 9 week, natural childbirth course designed to prepare pregnant women and their partners to have a safe, joyful and informed birth experience. This curriculum focuses on relaxation techniques, comfort measures for labor, responsible consumerism, labor support and preparation, as well as breastfeeding, postpartum, baby care and much more to help you prepare for the challenges of birth and parenthood.

Classes are on **Sunday afternoons from 3-5 p.m.** in Northeast Louisville OR **Monday evenings from 7-9 p.m.** at Babyology in St. Matthews. Please be on time – we have a lot of material to cover each week. Please dress in comfortable clothing and bring 2 pillows to each class. We will be spending a lot of time on the floor practicing relaxation exercises.

I would like to register for:

- SUNDAY classes starting on the following date: _____
 MONDAY classes starting on the following date: _____

The fee is **\$195*** and covers all materials, including a course workbook. There is a **\$50 deposit** required to secure your spot in the class. *Please make checks payable to **Nicole Aldridge**.*

**Some insurance companies and /or FSAs may reimburse you for childbirth classes.*

BELIEVE IN BIRTH
CHILDBIRTH EDUCATION & DOULA SERVICES

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Today's Date ____/____/____

Mother's Name _____ Date of Birth ____/____/____ Due Date ____/____/____

Health Issues _____ Occupation _____ Smoke Yes No

Partner's Name/Relation to Mom _____/____ Date of Birth ____/____/____

Health Issues _____ Occupation _____ Smoke Yes No

Address _____ City _____ State _____ Zip _____

Mom's Phone () _____ Cell or Work () _____ E-mail _____

Partner's Phone () _____ Cell or Work () _____ E-mail _____

How did you hear about this class? Birth Care Network Babyology Internet Search _____

Referred by _____ Other _____

OB or Midwife's Name _____ Where will you deliver? _____

Is this your first pregnancy? Yes No

How many children do you have? _____ #Medicated _____ #Cesarean _____

Were there any complications with a previous pregnancy or birth? Yes _____ No

Have you had any problems with this pregnancy? Yes _____ No

Are you planning to breastfeed? Yes No Undecided

Are you planning to use a doula? Yes (Doula's Name _____) No Undecided