

PREPARING FOR YOUR LABOR & DELIVERY!

REGISTRATION SHEET



MOM'S NAME: _____

PARTNER/SUPPORT PERSON ATTENDING CLASS: _____

EXPECTED DUE DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

ARE YOU EXPERIENCING ANY COMPLICATIONS IN YOUR PREGNANCY THAT YOU WOULD LIKE ADDRESSED IN CLASS? (EX: GESTATIONAL DIABETES, PRE-ECLAMPSIA, ETC.): _____

PLEASE SHARE ANY QUESTIONS OR CONCERNS YOU WOULD LIKE ADDRESSED IN THE CLASS: _____

PLEASE CONTACT SUEANN DOUGHTY, RN BSN CCE
AT (631) 741-3969 WITH ANY ADDITIONAL QUESTIONS

****FEE OF \$150 PER COUPLE****
(\$50 CASH DEPOSIT DUE AT TIME OF CLASS REGISTRATION)