

Mia Bella Mamma Childbirth Education Registration Form

Mother's Name: _____
Partner/Father's Name _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Alternate Phone: _____
Email: _____ Due Date: _____
Location of Delivery: _____
Caregiver _____ OB _____ Midwife _____
Labour Support Team: _____
Allergies (both of you): _____
Dates of Classes: _____
Where have you gotten most of your information about
pregnancy/childbirth/postpartum? _____
If you could only ask one question in this series what would it be?

Your biggest concern is... _____
When you think about labour you wonder... _____

Do you want an Epidural or any pain medication? Y__ N__ Undecided _____
Do you plan to breastfeed? Y__ N__ Undecided _____
What are you hoping to learn from this childbirth education series?

How did you hear about my classes? _____

Method of Payment: () Cash () Cheque (Payable to LeeAnne Hamilton)
() Paypal (you will receive an invoice)

**Please fill out this form and e-mail it to miabellamamma@gmail.com
or mail it to:
Mia Bella Mamma
191 Spring Creek Drive, Waterdown, Ontario, L0R 2H8**

Please Note: Payment is non-refundable in the event that you choose not to attend or miss a class.