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| **ANTENATAL CLASSES REGISTRATION FORM** |
| Client Name:  | Phone: |
| Email:  | Emergency Contact Details:Name: Phone:  |
| Home Address:  |
| Partners Name:  |
| Due Date:Birthing Hospital/ Birth Centre/ Home Birth:  |
| First pregnancy for Mother: Yes [ ]  / No [ ]  |
| If your partner is unable to attend, a support person may attend instead. Name:  |
| Group Etiquette: Privacy and Confidentiality will be maintained.Please wear comfortable clothing and bring a water bottle. No Refreshments available. |

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| **EDUCATION SESSIONS**  |
| Please indicate which Sessions you are attending.[ ]  SESSION: 1 Preparation for Birthing Your Baby [ ]  SESSION: 2 Infant Feeding and What to expect in the First 6 weeks I will be attending sessions at: Clermont [ ]  Moranbah [ ]  |

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| **POST SESSION EDUCATION AND SUPPORT** |
| [ ] I am interested in share antenatal care with my maternity care provider. [ ]  I am interested in an individualised Birth Planning session [ ]  I am interested in a Breast-Feeding planning session  Client Initial­­­\_\_\_\_\_\_\_\_\_\_\_\_ Midwife Facilitator Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |