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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |