



Mom-To-Be: \_\_\_\_\_ Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (s): \_\_\_\_\_

Email (s): \_\_\_\_\_

Class Dates: February 28 April 11 May 16

Place of Birth (hospital, birth center, home): \_\_\_\_\_

Due Date: \_\_\_\_\_

In what ways have you been preparing for childbirth so far? Have you been reading any books?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What things do you (Mom) hope to gain from the class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What things do you (partner) hope to gain from the class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In a few sentences, can you tell me your vision for your baby's birth?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything special I should know about your health (physical/emotional) that will help me to better address your needs in my class?

\_\_\_\_\_

How did you hear about this class?

\_\_\_\_\_

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Return this form, along with a check for \$220 made out to **Birth Bliss**, to  
Jean Sheehy, P.O. Box 130, Marblehead, MA 01945- Thank you!  
Please note, if you are unable to attend this class, you must notify me at least one week before the  
class begins in order to receive a full refund.