Workshop registration

Workshop Date _____

Expectant Mother's Name _____ Due Date _____

Partner's Name _____ Number of children _____

Address _____

City, State, Zip _____

Phone _____ Email _____

How did you hear about Parent Baby Connection? ☐ Internet ☐ Facebook ☐ Friend
☐ Healthcare Provider ☐ WITC newsletter ☐ Other Specify _____

What childbirth education classes have you taken or plan to take in the future?
☐ None/Do not plan to take any classes ☐ Natural childbirth class ☐ Bradley Method
☐ Lamaze/Passion For Birth ☐ Breastfeeding class ☐ Class offered at hospital
☐ Class offered at OB office ☐ Other Specify _____

Please answer the following questions to the best of your ability. Your responses are confidential.
I feel prepared and confident in caring for a newborn.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Not at all *Extremely*

I am nervous and anxious about taking care of my newborn.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
Not at all *Extremely*

I know three ways to soothe my newborn baby. ☐ Yes ☐ No

I know how to properly install a car seat. ☐ Yes ☐ No

I know where I can find local resources to help me succeed at breastfeeding by baby. ☐ Yes ☐ No

I know how many wet diapers to expect from my newborn and what they should look like. ☐ Yes ☐ No

My partner and I have discussed our parenting philosophies and preferences. ☐ Yes ☐ No

My partner and I have discussed the potential changes to our relationship and how to care for our relationship.
☐ Yes ☐ No

My partner and I have discussed how to best manage our time with a newborn. ☐ Yes ☐ No

Do you or your partner have any special dietary needs or allergies (regarding dinner provided prior to the workshop)? ☐ None ☐ Yes Please specify _____

Women In The Center Use
Date Registered _____ Payment Received ☐ Cash ☐ Check ☐ Credit Card