



*A Center for Childbirth and Parenting Education*

Welcome to Beginnings! We are a group of childbirth and parenting education professionals dedicated to providing information and support to expectant parents. Our classes offer ways to replace questions and concerns with information and techniques that will help make your experience more comfortable and positive.

Our classes are informal. We suggest you wear comfortable clothing to class, preferably pants. In your Preparation for Childbirth class you will be spending some time on the floor so we urge you to bring a pillow and a yoga mat or blanket to class each week. A yoga mat or blanket is encouraged for your Prenatal Infant Massage class. You don't need to bring any of these items for the Pediatric CPR, Breastfeeding or Baby Basics classes.

## Class Registration Form

Mother's name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Due Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

# Children at Home \_\_\_\_\_

Phone (H/C) \_\_\_\_\_ (W/C) \_\_\_\_\_

Occupation \_\_\_\_\_

Father/Partner \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Doctor/Midwife Practice \_\_\_\_\_

Medicaid # (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_ How did you hear about Beginnings? \_\_\_\_\_

*You are registering for (include date of class):*

Preparation for Childbirth \_\_\_\_\_

Sibling Preparation \_\_\_\_\_

Breastfeeding \_\_\_\_\_

Private Class \_\_\_\_\_

Baby Basics \_\_\_\_\_

Prenatal Infant Massage \_\_\_\_\_

I would also like to register for the following class/es: \_\_\_\_\_

Pediatric CPR \_\_\_\_\_

*form continues on next page*

Are there any medical conditions or information we should be aware of? \_\_\_\_\_

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*We accept checks and credit/debit cards. Please return payment and this **registration form** to:*  
**Beginnings** · 51 Timber Lane · So. Burlington, VT · 05403

Would you like a receipt for insurance purposes?    Yes    No    *Receipts will be distributed at class*

**Form of Payment**  
(please make checks payable to Beginnings)

I would like to pay for my class/es with: (circle one)

personal check            money order            bank check            cash

Credit/debit card    **\*\*Credit card payments will be posted as Timber Lane Pediatrics**

Visa            MasterCard            American Express            Discover

Name on card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration date \_\_\_\_\_ Security # \_\_\_\_\_

Signature \_\_\_\_\_

Total amount due \$ \_\_\_\_\_