



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

Parent 1 _____

Date of Birth _____ Due Date _____

Mailing Address _____

Children at Home _____

Phone (H/C) _____ (W/C) _____

Occupation _____

Parent 2 _____ 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 _____

Postpartum Support Group _____

Breastfeeding _____

Private Class _____

Baby Basics _____

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

Pediatric CPR _____

Sibling Preparation _____

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

*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*

51 Timber Lane · So. Burlington, VT 05403 · 802.658.5959 · www.beginningschildbirth.com

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 \$ _____
