



Name _____

Who is coming to class with you? _____

Due Date _____ First Baby? _____

*I Like to Learn By:
(circle all that apply)*

- Listening to Instructor Show & Tell*
- Watching videos - Practicing in Class*
- Reading at home - Discussion groups*

My Hobbies:

How I Relax:

*Something About Me I'd
Like My Instructor to Know:*

*Most of what I've
learned about birth
comes from:*

Phone _____

Email _____

Which class are you taking? _____

