

Frederick County Health Department Maternal Child Health Program



Time: Wednesdays 6pm-8pm
Location: Family Partnership
Address: 8420 Gas House Pike EE
Frederick, MD 21701



Registration Date: _____

I am interested in attending the Childbirth Education Classes in collaboration with Family Partnership, Family Life Center, and the Frederick County Health Department.

I understand that I will be notified of the dates, time and location of the classes. The information that I provide below will be used by my healthcare provider and the above agencies to help prepare me for my delivery.

Name: _____ DOB: _____ Race: _____

Address: _____ Age: _____

Phone Number (H): _____ (C): _____ (W): _____

Free Txt: yes or no Email: _____

Can we send you reminders via text, E-mail? Yes or No How did you hear about these classes? _____

What is the best way to reach you for class information? Star those that apply.

Home phone text cell phone work phone Mail E-mail

Baby's Due Date: _____ OB Doctor: _____ Baby's Doctor: _____

Who will be your labor coach? _____

Do you plan to breast or bottle feed? _____

Are you in school? Yes or No? Where? _____ What Grade? _____

Is this your first baby? Yes or No Do you have a job? Yes or No If so, where? _____

What are your interests or hobbies? _____

Number of individuals in household and relationship: _____

Pets in household: _____

What do you hope to learn from CBE? *Check those you are most interested in*

- | | |
|---|---|
| <input type="checkbox"/> What to Expect during Labor | <input type="checkbox"/> What makes breastfeeding best for my baby and me |
| <input type="checkbox"/> How to be most comfortable throughout labor and delivery | <input type="checkbox"/> What happens to my body during labor |
| <input type="checkbox"/> How to deliver without medications | <input type="checkbox"/> What will my body be like after delivery |
| <input type="checkbox"/> Types of medications used and the effects on the baby | |

Signature _____ Date _____