



Childbirth Education Registration

Name of expectant mother: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Name of coach(es) attending: _____

Requested class dates: _____

Physician: _____

Hospital: _____

Due Date: _____

E-mail address: _____

Pre-registration is required, and cancellation notice is strongly encouraged due to limited class sizes and high demand.

Please complete the form and mail to:

**Bothwell Regional Health Center
Childbirth Education Class Registration
601 E. 14th St.
Sedalia, MO 65301**

Or, e-mail the information to classes@brhc.org.