



Delia Aaron CHILDBIRTH EDUCATOR

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INTAKE FORM

Welcome and thank you for registering for a class with The Sistering Tree. In addition to your contact information, please take the time to answer a few questions so I can better support your needs. When you complete this form, please print and submit it by mail to the above address, or via fax, along with payment. Registration and payment may also be dropped off at the studio location before the start of the workshop date. Thank you.

Prenatal Workshop Start Date: _____

Name: _____

Mailing Address: _____

Home phone: _____

Email: _____

Work phone: _____

Cell phone: _____

Occupation: _____

Birth Companions

1) Name: _____ Phone # _____

Email: _____

2) Name: _____ Phone# _____

Email: _____

When is your due date? _____

Who is your doctor or Midwife? _____

[continued from last page]

Where do you hope to give birth?

How has your pregnancy been?

Do you have any special concerns or interests you would like to have addressed in class?

How did you learn about these classes?

Would you like additional information sent to you about Doula Care?

THANK YOU

Privacy policy: All personal information is kept confidential and is collected and used for the sole purpose of administering your participation in the course.