



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. Once you have already contacted The Sistering Tree, please complete this form and submit it by mail to the above address, along with payment (cash or check payable to Delia Aaron). Your application may also be dropped off at the studio location. **Registration is due two weeks before the start of the course date.** Thank you.

**Birthing From Within Course 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 on 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 Birthing From Within course.