



CHILDBIRTH EDUCATION & BREAST-FEEDING CLASS REGISTRATION

- Childbirth Education Class
- Breast-feeding Class

Mother's Name: _____

Support Person: _____

Address: _____

City

State

Zip

Home Phone: _____

Work/Cell Phone: _____

Due Date: _____

Hospital where you plan to deliver:

Delivering Physician: _____

Baby's Physician: _____

Class dates you plan to attend:

Childbirth Date(s): _____

Breast-feeding Date: _____

Childbirth Education: \$25.00
(Fees waived for Medicaid and WIC eligible mothers)

Breast-feeding Class: Free

Please mail completed form to:
DCH Education Department
600 Wilson Creek Road
Lawrenceburg, IN 47025

All classes are held in the DCH Conference and Education Center.
For questions, please call 812-537-8431 or 800-676-5572, ext. 8431 or email education@dch.org.
Visit DCH.org for more information.