



# Childbirth Workshop

## From Pregnancy to Labor and Delivery & Beyond

**Hello!** This letter is to confirm that you have requested a private childbirth class.

You desired to have a *private* **PCT™ Childbirth Workshop**

Location: **In Your Home**  
Day: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_



My fee is \$\_\_\_\_\_ per hour for class in your home.

There is a \_\_\_\_\_hour minimum for private class.

There is no minimum hour for private class.

Payment will be expected upon completion of class. I accept cash, checks, and certain credit cards.

Make checks payable to: **Janice Mellette, RN**

Please return lower portion of this registration form *prior to class*. It will help me prepare for any special needs you may have.

**P.O. Box 22921  
Alexandria, VA 22304**

I look forward to teaching you about the childbirth experience. If you have any questions or if I can help you in any other way prior to our meeting, *please do not hesitate to call me!* ☺

**443-223-9741**

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Name \_\_\_\_\_

Person attending class with you \_\_\_\_\_

Your address: \_\_\_\_\_

Phone number where you may be contacted in case of emergency class cancellation:  
( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Doctor/Midwife \_\_\_\_\_ Your Due Date \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ Number baby for you \_\_\_\_\_

Are you having a Boy ~ Girl ~ "It's a secret & we're not telling" ~ Unknown (circle one)

Are you planning to feed the baby with Breast ~ Formula ~ Combination (circle one)

What is the most important things you are hoping to learn at class? \_\_\_\_\_

How did you hear about PCT™ Childbirth Workshop? \_\_\_\_\_