



Preparation & Education
motheringthemothers™

Early Parenting Workshop Registration

(All information is strictly confidential and is not shared with any other party)

Name: (last, first): _____

DOB: _____

Partner: (last, first): _____

Mailing Address: _____

Contact Numbers: _____

Home Phone: _____

Mobile: _____

Partner's Mobile: _____

Email: _____

Religion (optional): _____

Is English your Main Language? _____

Do you need an Interpreter? _____

General health: _____

Health during pregnancy: _____

How many weeks gestation was your baby at birth? _____

Hospital/Birthing Facility/Home: _____

Your Baby's Date of Birth: _____

Are you Breast Feeding/ Formula Feeding? _____

Is there any specific fear you have regarding being parent? _____

What are you hoping to gain from this course? _____

At times certain experiences in life such as abuse, trauma, childhood experiences or accidents etc can impact significantly on a couple's parenting experience. Is there anything you would like to discuss with me, in confidence, at any time?

How would you describe your baby's birth and your parenting experience so far?

