



BRINGING BABY HOME REGISTRATION FORM

Workshop date and location: August 2 & 9, Provena Mercy Medical Center

Please help me insure that the workshop meets your needs and expectations by taking a few minutes to complete this questionnaire. Directions to the workshop and a receipt will be mailed to you.

About you:

Your name: _____ Partner's name: _____

Street address: _____ City: _____ Zip code: _____

Phone number: _____ Email: _____

Child(ren's) names: _____ Age: _____

_____ Age: _____

_____ Age: _____

(To help us all concentrate on workshop content, only babies under 6 months can attend with you.)

Are you pregnant? _____ If yes, Baby's due date: _____

How long have you been together as a couple? _____

About the Workshop:

How did you hear about the Bringing Baby Home workshop?

What are you hoping to learn from the workshop?

Do you have any concerns about the workshop? If yes, please explain.

Is there any other information that you would like me to know about your family?

Cancellation policy: Full refunds will be given for cancellations received at least one week prior to the first day of the workshop.

Please mail the completed registration form and a check for \$150, made out to Elizabeth Johnson, to

Parent Passages
28 S. Water St., Suite 304
Batavia, IL 60510