

Pregnancy & Parenting Education Registration Form for Community Classes

* denotes mandatory field

Full Name:*

NHI Number:

Street Address:*

Enter preferred course date, time, venue:*

Please note preferred course date and preferred venue. Venues: Panmure, Birthcare Newmarket, CBD, Mt Roskill, Blockhouse Bay. Our scheduler will contact you to discuss and schedule you into a class.

Email:*

Mobile Phone:*

Your date of birth:*

Is this your first baby?*

Husband/partner or support person's name:

Midwife's name:*

Which ethnic background do you belong to?*

<input type="checkbox"/>	NZ Maori
<input type="checkbox"/>	NZ European
<input type="checkbox"/>	Pacific Island (please specify below)
<input type="checkbox"/>	Asian (please specify below)
<input type="checkbox"/>	European (please specify below)
<input type="checkbox"/>	Middle Eastern (please specify below)
<input type="checkbox"/>	Latin American (please specify below)
<input type="checkbox"/>	African (please specify below)
<input type="checkbox"/>	Other (please specify below)

Specify here:

Is English your first language?

Your baby's due delivery date:*

Please complete this form then scan and send to pregnancyandparentingadmin@adhb.govt.nz