



Helensville Birthing Centre

TE PUNA WHANAU KI TE AWAROA

Helensville Birthing Centre Antenatal Class Enrolment Form 2018

Month of course preferred -.....

Name:.....

Surname:.....

Partner/Support person(s).....

Address:.....

Date of Birth:...../...../.....

NHI:.....

Ethnicity:.....

Mobile number:.....

Alternative contact number:.....

Email Address:.....

I give permission for Helensville Birthing Centre to contact me with a short survey regarding the Antenatal Classes Yes No

Expected date of delivery:.....

Expected *place* of delivery.....

Is this your first baby?.....

Lead Maternity Carer:.....

Please complete the above form and email to lc@helensvillebirthingcentre.co.nz

Please note: Your preferred month may not always be available but we will endeavor to cater your requests as best we can.