

# CLASS REGISTRATION FORM 2012



**METHODIST HOSPITAL**  
The Next Generation of Care

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Name of support person attending class \_\_\_\_\_  
 Names of others attending class \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Due date \_\_\_\_\_ Physician \_\_\_\_\_  
 Hospital of delivery  Methodist Hospital  Other \_\_\_\_\_

**Registration during your fourth month of pregnancy (or before) is recommended, classes fill quickly.**

CLASS	DATE (1ST CHOICE)	DATE (2ND CHOICE)	# OF PEOPLE ATTENDING CLASS	COST
<b>Prepared Childbirth Series (Lamaze) - ENGLISH</b> \$85 Methodist Hospital couples - \$95 for others \$15 for each additional support person				
<b>Prepared Childbirth (Lamaze) - Weekend Classes</b> \$70 Methodist Hospital couples - \$80 for others \$15 for each additional coach <i>Tot CPR not included</i>				
<b>Prepared Childbirth Refresher</b> \$30 Methodist Hospital couples - \$40 for others				
<b>Prepared Childbirth Cesarean Section</b> \$20 per person/couple				
<b>Prepared Childbirth (Lamaze) - CHINESE</b> \$70 Methodist Hospital couples - \$80 for others \$15 for each additional coach <i>Tot CPR not included</i>				
<b>Prepared Childbirth (Lamaze) - SPANISH</b> \$70 Methodist Hospital couples - \$80 for others \$15 for each additional coach <i>Tot CPR not included</i>				
<b>Baby Care Basics</b> \$30 Methodist Hospital couples - \$35 for others				
<b>Happiest Baby on the Block</b> \$30 Methodist Hospital couples - \$35 for others				
<b>Breastfeeding</b> \$30 Methodist Hospital couples - \$35 for others				
<b>Tot CPR for Family &amp; Friends</b> - \$15 per person <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese				
<b>Big Brother &amp; Big Sister Tour (for siblings)</b> \$10 Methodist Hospital families - \$15 for others				
<b>Maternity Orientation &amp; Tour</b> - FREE <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
<b>Fees valid through 2012 only</b>			<b>TOTAL DUE: \$</b>	

Cancellation Policy: Refunds will be given only if written or telephone cancellation is received no later than seven days prior to class. CLASS DATE MAY BE CHANGED ONLY ONCE. Mail check (payable to Methodist Hospital) or credit card and registration form to: Methodist Hospital, Community Outreach Department, 300 W. Huntington Drive, Arcadia, CA 91007 or FAX (626) 462-2688. You will receive a confirmation letter. If you have any further questions, please call (626) 898-8008.

Credit Card Payment:  Visa  American Express  MasterCard  Discover

Client Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Class Name(s) \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Charge Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_