

CLASS REGISTRATION FORM 2010



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
Prepared Childbirth Series (Lamaze) - ENGLISH \$85 Methodist Hospital couples - \$95 for others \$15 for each additional support person				
Prepared Childbirth (Lamaze) - Weekend Classes \$70 Methodist Hospital couples - \$80 for others \$15 for each additional coach <i>Tot CPR not included</i>				
Prepared Childbirth Refresher \$30 Methodist Hospital couples - \$40 for others				
Prepared Childbirth Cesarean Section \$20 per person/couple				
Prepared Childbirth (Lamaze) - CHINESE \$60 Methodist Hospital couples - \$70 for others \$15 for each additional coach <i>Tot CPR not included</i>				
Prepared Childbirth (Lamaze) - SPANISH \$75 Methodist Hospital couples - \$85 for others \$15 for each additional coach <i>Tot CPR not included</i>				
Baby Care Basics \$30 Methodist Hospital couples - \$35 for others				
Happiest Baby on the Block \$30 Methodist Hospital couples - \$35 for others				
Breastfeeding \$30 Methodist Hospital couples - \$35 for others				
Tot CPR for Family & Friends - \$15 per person <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese				
Big Brother & Big Sister Tour (for siblings) \$10 Methodist Hospital families - \$15 for others				
Maternity Orientation & Tour - FREE <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
Fees valid through 2010 only			TOTAL DUE: \$	

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 _____