

# 2017

## MATERNITY CLASS REGISTRATION FORM



**METHODIST HOSPITAL**  
of Southern California

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/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 \_\_\_\_\_

\*Confirmation will be sent to your e-mail address.

CLASS	DATE (1ST CHOICE)	DATE (2ND CHOICE)	# OF PEOPLE ATTENDING CLASS	COST
<b>Prepared Childbirth Series - ENGLISH</b> \$100 Methodist Hospital couples - \$110 for others \$20 for each additional support person				
<b>Prepared Childbirth Weekend Classes - ENGLISH</b> \$100 Methodist Hospital couples - \$110 for others \$20 for each additional support person				
<b>Prepared Childbirth Weekend Classes - CHINESE</b> \$100 Methodist Hospital couples - \$110 for others \$20 for each additional support person				
<b>Prepared Childbirth Cesarean Section</b> \$30 per couple				
<b>Baby Care Basics</b> \$40 Methodist Hospital couples - \$50 for others				
<b>Happiest Baby on the Block</b> \$40 Methodist Hospital couples - \$50 for others				
<b>Breastfeeding</b> \$40 Methodist Hospital couples - \$50 for others				
<b>Tot CPR for Family &amp; Friends - ENGLISH</b> \$40 per person				
<b>Tot CPR for Family &amp; Friends - CHINESE</b> \$40 per person				
<b>Fees valid through 2017 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, 300 W. Huntington Drive, Arcadia, CA 91007** or FAX 626-898-8972. You will receive a confirmation letter. If you have any further questions, please call 800-950-BABY.

Credit Card Payment:  Visa  American Express  MasterCard  Discover

Client Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Charge Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_