



Childbirth Education & Parenting Preparation Registration Form

Your Name: _____ Your Email: _____

Support Person's Name: _____ Your Date of Birth: _____

Your Mailing Address: _____ Your Due Date: _____

Name of Midwife or Doctor: _____

City, State, Zip: _____ MaineCare: No Yes

Phone: _____ If Yes, please include your

Cell/Work Phone*: _____ MMC Blue Card Number: _____

*Please provide an alternate phone number so that we may contact you in the event of a last minute cancellation.

Please fill in the dates for the classes you wish to attend. Please include your credit card information or enclose a check. You will be sent a class confirmation form and receipt once we receive your payment. You may use this receipt to request reimbursement from your insurance company, if available. If you are enrolled in MaineCare, the hospital will bill them directly for the Childbirth Education Workshop or Express Course.

Class Name	Date(s)	Number of Attendees	Total Cost	Class Name	Date(s)	Number of Attendees	Total Cost
Prenatal Yoga (\$100/person)				Younger Siblings (ages 2-5) (\$15/child)*			
Childbirth Education 101-104 (\$100/couple)				Older Siblings (ages 6-12) (\$15/child)*			
One-Day Express Course (\$100/couple)				Grandparent Class (\$15/person)†			
Breastfeeding Forum (\$50/couple)				Pets & Playpens (\$15/person)			
Back to Work/School Breastfeeding (\$20/person)				Baby Basics (\$50/couple)			
HypnoBirthing (\$200/couple)				Friends & Family CPR & First Aid (\$45 per person)			
Expecting Multiples (\$40/couple)				Learning Through Baby Play (\$50/baby)			

Are you a MaineHealth employee? Yes No (If yes, please call 662-6132 or email ChildbirthEducation@mmc.org for discount information)

Total Cost: _____

Check enclosed (Please make payable to MMC Childbirth Education)

Visa MasterCard Card Number: _____ Expiration Date: _____

Name on credit card: _____

Authorized Signature: _____

*Full Name(s) & Age(s) of Sibling Child(ren): _____

†Full Name(s) and addresses of Grandparents: _____

Would you like to receive information about other classes and special events? Yes No

Would you like to register for our KidsHealth E-Newsletter? Yes No (If yes, please make sure you list your email address above.)

**Please mail your completed registration form and payment to:
Maine Medical Center, Childbirth Education, 22 Bramhall St., Portland, ME 04102**