



2009 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
 MMC Blue Card Number: _____
 Alternate Phone: _____

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 |
|---------------------------------------------|---------|---------------------|------------|-------------------------------------------|---------|---------------------|------------|
| Preview for Parents (FREE) | | | | Expecting Multiples (\$40/couple) | | | |
| A Feel Good Pregnancy (FREE) | | | | Younger Siblings (ages 2-5) (\$15/child)* | | | |
| Just Not Glowing (FREE) | | | | Older Siblings (ages 6-12) (\$15/child)* | | | |
| Prenatal Yoga (\$100/person) | | | | Grandparent Class (\$15/person)† | | | |
| Childbirth Education 101-104 (\$100/couple) | | | | Pets & Playpens (\$5/person) | | | |
| One-Day Express Course (\$100/couple) | | | | Baby Basics (\$50/couple) | | | |
| Breastfeeding Forum (\$50/couple) | | | | Pediatric BLS and First Aid (\$45/person) | | | |
| HypnoBirthing (\$150/couple) | | | | Car Seat Safety (\$5/person) | | | |

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

CONTINUED →

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

If someone else will attend classes with you, please provide us with the following information so we can register them separately and contact them with class changes. Please indicate which classes they will attend.

| Name | Mailing address | Phone | Classes |
|------|-----------------|-------|---------|
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