

Family Birthing Centre Class Registration Form

(416) 469-6130

Important!

Your class date(s) will be scheduled after we receive your payment.

IN PERSON: Family Birthing Centre Reception Desk (7th Floor G-wing): Monday to Friday 8:00 am - 2:00 pm (Closed 12:00 pm to 12:30 pm)

Admitting Department (1st Floor G-wing): Monday to Friday 7:30 am-10:30 pm / Weekend & Holidays 8:00 am - 10:00 pm

| Client Information: | | | Please Print |
|---|--------------------------------|-------------------------------------|-------------------------------------|
| Client Last Name: | Given Name: | | Date of Birth: (Day / Month / Year) |
| | | | |
| Address: | | Apt#: | Telephone Number - Home: |
| | | | T |
| Town or City: | Province: | Postal Code: | Telephone Number - Other: |
| Health Card Number: | Cumpart Daragn | | Expected Delivery Date: |
| nealth Card Number: | Support Person: | | Expedica Belivery Bate. |
| SPOUSE/PARTNER/OTHER INFORMATION: PLE/ | ASE COMPLETE FOR PRENATA | AL AND INFANT C.P.R. CLASSES | |
| Spouse/Partner Last Name: | Given Name: | AL AND IN ANY C.I .N. CLACCE | Telephone Number - Home: |
| | | | · |
| Date of Birth: (Day / Month / Year) | Ontario Heath Card Number an | d Version Code | Telephone Number - Other: |
| | | | |
| How did you find out about our program? | Obstetrician | Midwife □ Friend/Relative | |
| Tion did you mid out about our program. | | | |
| Class Selection: | | Please select only on | e option for the Prenatal Class |
| Select Class | | Class Day & Duration | <u>Class Fees</u> |
| ☐ 1. PRENATAL CLASSES | | · | \$220.00 per couple |
| Includes: - Baby Care Class | | Tuesday or Thursday 7:30 p.m 9:30 | |
| - Breastfeeding Class | | Monday 7:00 p.m 8:30 p.m. | ····· |
| - Postnatal Class | | Friday 12:15 p.m 2:15 p.m. | |
| - Prenatal Class: (Please | select only one option A or B) | | |
| O Option <u>A</u> - All Day Weekend Class | | O Saturday 9:00 a.m 5:30 p.m. | or O Sunday 9:00 a.m 5:30 p.m. |
| O Option <u>B</u> - 4 Weeknight Classes | | Thursdays 7:30 p.m 9:30 p.m. | |
| □ 2. BREASTFEEDING CLASS ONLY | _ | Monday 7:00 p.m 8:30 p.m. | \$20.00 per couple |
| ☐ 3. BABY CARE CLASS ONLY | | Tuesday or Thursday 7:30 p.m 9:30 | p.m. \$20.00 per couple |
| ☐ 4. POSTNATAL CLASS ONLY (Morr | n & Baby Only) | Friday 12:15 p.m 2:15 p.m. | \$80.00 per person |
| ☐ 5. REFRESHER PRENATAL CLASS | 3 | Class Arranged Individually | \$130.00 per couple |
| ☐ 6. GRANDPARENTS CLASS | | Sunday 7:00 p.m 10:00 p.m. | \$40.00 per person |
| ☐ 7. INFANT C.P.R. CLASS | | Thursdays 6:00 p.m 7:30 p.m. | \$45.00 per person |
| | | | or \$80.00 per couple |
| Method of Payment: Your class | confirmation letter and | your official tax receipt will be i | mailed to address listed above |
| • | | | |
| Class Fees: | Total Payment: | \$ | |
| Payment Method: | ☐ Debit ☐ Visa | ☐ Master Card ☐ Ameri | can Express |
| FORM CPR 76 (REV: MAY 1, 2019) | | | |
| For Office Use Only: | | | |
| DATE PAYMENT RECEIVED INVOICE NUMBE | R BUSINESS OFFIC | E STAFF DATE CONFIRMATION M | AILED SCHEDULED AND MAIILED BY |