

**Family Birthing Centre  
Class Registration Form**  
**(416) 469-6130**

PATIENT ID LABEL

**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

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

**Client Information: Please Print**

Client Last Name:		Given Name:		Date of Birth: (Day / Month / Year)	
Address:			Apt#:		Telephone Number - Home:
Town or City:		Province:		Postal Code:	
Health Card Number:		Support Person:		Expected Delivery Date:	

**SPOUSE/PARTNER/OTHER INFORMATION: PLEASE COMPLETE FOR PRENATAL AND INFANT C.P.R. CLASSES**

Spouse/Partner Last Name:		Given Name:		Telephone Number - Home:	
Date of Birth: (Day / Month / Year)		Ontario Health Card Number and Version Code		Telephone Number - Other:	

How did you find out about our program?  Obstetrician  Midwife  Friend/Relative  \_\_\_\_\_

**Class Selection: Please select only one option for the Prenatal Class**

<u>Select Class</u>	<u>Class Day &amp; Duration</u>	<u>Class Fees</u>
<input type="checkbox"/> <b>CHILD BIRTH EDUCATION CLASSES</b> <b>Includes:</b> 1. Prenatal Class <i>(Please select only one option A or B)</i>		<b>\$220.00</b> per couple
<input type="radio"/> <b>Option A - All Day Weekend Class</b>	<input type="radio"/> Saturday 9:00 a.m.- 5:30 p.m. <b>or</b> <input type="radio"/> Sunday 9:00 a.m.- 5:30 p.m.	
<input type="radio"/> <b>Option B - 4 Weeknight Classes</b>	<input type="radio"/> Thursdays 7:30 p.m. - 9:30 p.m.	
2. Baby Care Class	<input type="radio"/> Tuesday 7:30 p.m. - 9:30 p.m. <b>or</b> <input type="radio"/> Thursday 7:30 p.m. - 9:30 p.m.	
3. Breastfeeding Class	<input type="radio"/> Monday 7:00 p.m. - 8:30 p.m.	
4. Postnatal Class	<input type="radio"/> Friday 12:15 p.m. - 2:15 p.m.	
<input type="checkbox"/> <b>BREASTFEEDING CLASS ONLY</b>	Monday 7:00 p.m. - 8:30 p.m.	<b>\$20.00</b> per couple
<input type="checkbox"/> <b>BABY CARE CLASS ONLY</b>	Tuesday or Thursday 7:30 p.m. - 9:30 p.m.	<b>\$20.00</b> per couple
<input type="checkbox"/> <b>POSTNATAL CLASS ONLY (Mom &amp; Baby Only)</b>	Friday 12:15 p.m. - 2:15 p.m.	<b>\$80.00</b> per person
<input type="checkbox"/> <b>REFRESHER PRENATAL CLASS</b>	Class Arranged Individually	<b>\$130.00</b> per couple
<input type="checkbox"/> <b>GRANDPARENTS CLASS</b>	Sunday 7:00 p.m. - 10:00 p.m.	<b>\$40.00</b> per person
<input type="checkbox"/> <b>INFANT C.P.R. CLASS</b>	Thursdays 6:00 p.m. - 7:30 p.m.	<b>\$45.00</b> per person <b>or \$80.00</b> per couple

**Method of Payment: Your class confirmation letter and your official tax receipt will be mailed to address listed above**

**Class Fees:** **Total Payment:** \$ \_\_\_\_\_

**Payment Method:**  Debit  Visa  Master Card  American Express

**For Office Use Only:**

DATE PAYMENT RECEIVED	INVOICE NUMBER	BUSINESS OFFICE STAFF	DATE CONFIRMATION MAILED	SCHEDULED AND MAILED BY
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