



Mother & Child Learning Classes Class Registration Form

(416) 469-6130 / MNC@tehn.ca

(Class schedule available online at www. tehn.ca)

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

Admitting Department (1st Floor G-wing): Monday to Friday 2:00 pm-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 Last Name:	Client Information:						Please Print	
Town or City: Province: Postal Code: Telephone Number - Other: Health Card Number: Support Person: Expected Delivery Date:	Client Last Name:		Given N	lame:		Date of Birt	h: (Day / Month / Year)	
Town or City:								
Health Card Number: Support Person: Expected Delivery Date:	Address:				Apt#:	Telephone	Number - Home:	
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: Grown Name: Telephone Number - Home: Date of Bird: (Day / Month / Year) Onlario Healn Card Number and Version Code Telephone Number - Home: Date of Bird: (Day / Month / Year) Onlario Healn Card Number and Version Code	Town or City:		Province:		Postal Code:	Telephone	Number - Other:	
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For Office Use Only: DATE PAYMENT RECEIVED INVOICE NUMBER BUSINESS OFFICE STAFF DATE CONFIRMATION MAILED SCHEDULED AND MAILED BY		INVOICE !!!!		IOINEON OFFICE OF :	D. T. CO. 157	TION MAIL 50	OUEDIN ED AND WANT ED EN	