



Childbirth Education Program  
Registration Form – Caregiver

**Class: PREPARED CHILDBIRTH**

Date: \_\_\_\_\_ Fee: \$75

Tuesdays     Saturday

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address (street, city, zip code): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

If you are attending with an expectant mother/birth partner, what is their name(s)?  
\_\_\_\_\_

Where did you learn about these classes? (check boxes that apply)

Provider     Website /internet     Flyer     Friend     Other: \_\_\_\_\_

Email your completed registration form to [babyclasses@northfieldhospital.org](mailto:babyclasses@northfieldhospital.org) for class availability and payment information. Your spot in the class(es) is not guaranteed until payment is received, and you have been sent a confirmation with receipt for payment. Registration is per "couple" and is good for two people.