

Lee Memorial Health System Birth Education

Class Registration Form

Please send completed registration form and fee to:

Attn: Family Education, Suite 450, HealthPark Medical Center
9981 S. HealthPark Drive, Fort Myers, Florida 33908
Phone: 239-343-5271 Fax: 239-343-6665

(Make checks payable to: Lee Memorial Health System)

Your Name: _____

Name of Husband or Support Person: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number (Home): _____ (Work or Alternate): _____

Email Address or FAX Number for Confirmation: _____

Obstetrician or CNM: _____ Due Date: _____

Name of Class: _____ Location: HPMC - GCMC-

Day of Week: _____ Date Class Begins: _____ Time: _____

2nd Choice (Childbirth Preparation Only): _____

Name of Class: _____ Day/Date Class Begins _____

Name of Class: _____ Day/Date Class Begins _____

Name of Class: _____ Day/Date Class Begins _____

Credit Card Information

Classes are payable upon registration. Register by phone, fax, mail, or in person.

Visa Mastercard Amex Discovery (Check one)

Card Number: _____ Expiration Date: ____/____ VCode: _____

Cardholder Name: _____

Signature: _____

Total Amount of Purchase: \$ _____

***For refund consideration, classes must be cancelled 24 hrs. prior to the start of the class; classes must be cancelled during office hours: Mon. - Fri., 8am to 4pm. Call 239-343-5271.