

Childbirth & Family Education Class Registration Form

Please send completed registration form and fee (make check payable to LMHS) to:

**Att: Family Education, Ste. 450, HealthPark Medical Center
9981 S. HealthPark Drive, Fort Myers, Florida 33908
239-432-3271 or Fax to: 239-432-4665**

Your Name **Name of Support Person (if applicable)**

Street Address

City **State** **Zip Code**

Home Phone **Work or Alternate Phone**

Email Address or Fax number (if left blank your confirmation will be sent via USPS)

Obstetrician **Baby is Due**

Name of Class **Location**

Day of Week **Date Class Begins** **Time**

2nd Choice (For Childbirth Preparation Class Only) **3rd Choice (For Childbirth Preparation Class Only)**

Additional Class (Name of Class) **Date of Class**

Additional Class (Name of Class) **Date of Class**

CREDIT CARD INFORMATION

You may register via phone (239-432-3271) using a credit/debit card or fax (239-432-4665) your completed registration form (don't forget to fill out the spaces below and sign).

Visa/MC/Amex/Disc _____

Card Number **Expiration Date**

Cardholder Name **Signature of Cardholder**

Total Amount of Purchase \$ _____

REFUNDS WILL NOT BE CONSIDERED AFTER START OF CLASS