Salina Regional Health Center

CHILDBIRTH EDUCATION 2012
REGISTRATION FORM

Please complete the information below and mark the appropriate box of the class(es) you plan to attend. Return the form and payment to the Birth Center two (2) weeks prior to the course you plan to attend.

PERSONAL INFORMATION

NAME: _____ DUE DATE: _____

ADDRESS: _____ PHYSICIAN: _____

_____

DAYTIME
PHONE: ( ) _____ COACH'S NAME _____

CHILDBIRTH CLASSES
Birth Center (6th Floor Conference Room)
COST: $25.00

Mondays (Two-Session Course) **All classes are 7:00 p.m. – 9:00 p.m.**

☐January 2 & 9 ☐March 12 & 19 ☐June 4 & 11 ☐July 23 & 30

☐October 15 & 22 ☐November 19 & 26

Saturdays (One-Day Only) ***Classes are 9:00 a.m. – 2:00 p.m.***
Cafeteria is available for lunch

☐January 28 ☐February 18 ☐April 21 ☐July 7 ☐August 18 ☐September 15 ☐November 3

INFANT FEEDING CLASSES
Birth Center (6th Floor Conference Room)
COST: $15.00 If not delivering at SRHC

Mondays **7:00 p.m. – 9:00 p.m.**

☐January 16 ☐April 2 ☐August 20 ☐October 1 ☐November 12

Saturdays **9:00 a.m. – 11:00 a.m.**

☐February 4 ☐June 16

I have enclosed the following:

☐ Check payable to Salina Regional Health Center Total due: _____

☐ Completed registration form Total Amount Enclosed: _____

Return to: The Birth Center
c/o Kathy Struble
Salina Regional Health Center
P.O. Box 5080
Salina, KS 67402-5080

Questions: (785) 452-4606