Your Name: ______________________________________

Class Your Registering For: Place a check mark

☐ Preparing for Birth (Four Class Series) 
   Date:

☐ Accelerated Preparing for Birth (One Day) 
   Date:

☐ Childbirth Refresher
   Date:

☐ Breastfeeding
   Date:

☐ Becoming a Big Brother or Big Sister 
   Date: 
   Age of Sibling (s) Attending:

☐ Newborn Care Class 
   Date:

Mailing Address: _____________________________________________________________

☐ Check/Money Order enclosed in the amount of: $_______ (payable to Lawrence General Hospital)

☐ Pay by Credit Card:
   Card Type:
   Name on Card:
   Card Number:
   Expiration date (month/year):

Billing Address (if different than mailing):

_______________________________________________________________________________

______________________________________________________________

Phone number: ____________________________ Email: ____________________________

Name of person attending with you (if applicable): ________________________________

How did you hear about us: ____________________________ Physician Name: ______________

What number baby is this for you: _________

What is your due date: ________________