



Mail-in REGISTRATION FORM

For Office Use Only

Database # _____

Process Date: _____

Check #: _____

Confirmation Letter: _____

Name _____ Date of Birth _____ Your Due Date _____

Birth Partner's Name _____ No. of this Pregnancy _____ Physician _____

Home Address _____ City _____ Zip _____

Daytime Phone _____ Evening Phone _____ Email _____

Class Choices

Date

Fee

- Prepared Childbirth 1st Choice _____ \$ 75
2nd Choice _____
2nd choice must be a date later than your first choice
- HypnoBirthing (\$175 for 2011 only) _____ \$225
- Breastfeeding—Off to a Good Start _____ \$ 25
- Boot Camp for New Dads _____ \$ 20
- Survival Skills for New Parents _____ \$ 25
- PACKAGE #1:** Prepared Childbirth,
Breastfeeding & Boot Camp for New Dads \$ 100
- PACKAGE #2:** Prepared Childbirth,
Breastfeeding, Boot Camp for New Dads
& Survival Skills for New Parents \$ 120
- Obstetrical Anesthesia _____ FREE

Class Choices

Date

Fee

- Labor & Birth for Teens _____ \$ 15
 - Massage for Pregnancy and Birth _____ \$ 25
 - Infant/Child CPR _____ \$ 15/person
 - Infant Massage _____ \$ 25
 - New Baby Day Camp _____ \$ 15/child
or \$18/for 2 or more children
- Names of Siblings: _____ Gender and ages: _____
- Online Learning _____ \$ 75
 - Private Instruction We'll contact you to set date \$ 45/hour
 - Labor Rehearsal _____ \$ 20
 - DVD Rental _____ \$25/week

Registration refund deadline: One week prior to session start

Total enclosed _____ \$

Do you qualify for Medicaid or CICP discounts? Yes No Medicaid/CICP Card Number _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date _____ / _____

Name Printed _____ Signature: _____

Please make your check payable to: **North Colorado Medical Center**

To use this form for registration, you can fill it out, fold, seal and mail it to:

North Colorado Medical Center, Kris Howard, MFBC, 1801 16th Street, Greeley, CO 80631

For more registration options, please see our website: www.BannerHealth.com/NCMCchildbirthclasses or call 970-378-4044



Registering for Family Life Education classes entitles you to a FREE membership to Spirit of Women. Your membership provides valuable discounts at local businesses, health information, a subscription to Spirit Magazine, and special invitations to Spirit of Women events. One of the purposes of the Spirit of Women Membership Program is to evaluate the utilization of North Colorado Medical Center services by members. Your information may be utilized in this manner by North Colorado Medical Center.

I agree to the terms of the Spirit of Women Membership Program.

Signature: _____ Date: _____

For more information, please see our website: www.BannerHealth.com/NCMCspirit