



# Salem Hospital

Family Birth Center

A part of Salem Health

(503) 561-5138

# Class Registration Form

NAME \_\_\_\_\_ BABY'S DUE DATE \_\_\_\_\_

SUPPORT PERSON'S NAME \_\_\_\_\_ HEALTHCARE PROVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

	Class Start Date	Fee
<input type="checkbox"/> <b>Childbirth Preparation Classes</b> <input type="checkbox"/> \$70 per couple <input type="checkbox"/> Employee discount, scholarship, other	_____	_____
<input type="checkbox"/> <b>Childbirth Refresher</b> \$20 per couple, \$15 per person	_____	_____
<input type="checkbox"/> <b>Cesarean Birth (Free)</b>	_____	_____
<input type="checkbox"/> <b>Siblings at Birth (Free)</b> <i>Please list name and age of each child and number of people attending</i>	_____	_____
<input type="checkbox"/> <b>Big Brother/Big Sister</b> \$20 per family <i>Please list name and age of each child and number of people attending</i>	_____	_____
<input type="checkbox"/> <b>Infant CPR</b> \$20 per couple, \$15 per person	_____	_____
<input type="checkbox"/> <b>Baby Care and Feeding</b> \$20 per couple, \$15 per person	_____	_____
<input type="checkbox"/> <b>Baby Massage</b> \$20 per couple, \$15 per person	_____	_____
<input type="checkbox"/> <b>FreshStart Smoking Cessation</b> \$20 per person	_____	_____
<input type="checkbox"/> <b>Ball Bouncing Mamas!</b> \$30 per person	_____	_____
<input type="checkbox"/> <b>New Moms' Connections (Free)</b>	_____	_____
<input type="checkbox"/> <b>Baby Maybe? (Free)</b>	_____	_____
<input type="checkbox"/> <b>Training Camp for New Dads</b> \$20 per person	_____	_____

Total \_\_\_\_\_

If using a debit/credit card

VISA       MasterCard      Card # \_\_\_\_\_

Signature \_\_\_\_\_ Exp. date \_\_\_\_\_



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Mail to: Childbirth Preparation Classes  
Salem Hospital  
c/o Education Services  
P.O. Box 14001  
Salem OR 97309-5014