



Childbirth Class Registration Form

Names of participants: _____

Address _____

City _____ Zip _____

Email _____

Phone (Home) _____ Cell _____

Physician _____ Due Date _____

Class Date _____ Check Number _____

Your choice of classes:

Date(s)

- Comprehensive Childbirth Preparation 5 Session Series: \$180 _____
- Weekend Intensive Childbirth Preparation: \$160 _____
- Breastfeeding Class: \$70 _____
- Newborn Care Class: \$70 _____
- Early Pregnancy Class: \$40 _____

For questions, and to confirm registration, please contact us at: (669) 294-8151 or cbecclass@stanfordhealthcare.org. You must confirm availability of the class prior to registration. You may pay by check or credit card.

Once you receive a confirmation from the class by return phone call or e-mail, please complete this form and mail it with a check to Los Olivos, attention: Childbirth Education.

With less than 30 days notice, refunds are available prior to the start of class only if your spot is filled by another couple, or you have a confirmed medical necessity. No refunds will be issued for any reason once class has commenced.