

## PRENATAL REGISTRATION FORM

### Information for Expectant Mother

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Birthday (Month/Day/Year)** \_\_\_\_\_

**Telephone(Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**(Work)** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Due Date** \_\_\_\_\_ **How many children do you have?** \_\_\_\_\_

**Name of Person attending with you?** \_\_\_\_\_

PLEASE NOTE: We recommend you have this class completed **ONE** month before your due date

CRN	Location/Date	Fee	Check off
	Prenatal In-A- Day (one day)	\$140.00	
	Prenatal Class Series (6 weeks)	\$175.00	

**Payment bycheque (make payable to Douglas College)\*\*\*\*DO NOT SEND CASH\*\*\*\***

VISA: \_\_\_\_\_ Expiry: \_\_\_\_\_

MasterCard: \_\_\_\_\_ Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

If registering by mail, please send this form with your payment to: **Douglas College Registrar's Office, Continuing Education Registration  
PO Box 2503, New Westminster, BC V3L 5B2**

**Telephone Registration:** 604.527.5472 or(toll free 1.866.930.5472)

**Fax:** 604.527.5696 by VISA or MasterCard only.

**Refunds:** Please see Website. <http://www.douglas.bc.ca/programs/continuing-education/programs-courses/perinatal/general-information.html>