

The Birth Center & Neonatal ICU

UW Medicine

VALLEY
MEDICAL CENTER

Remarkable things happen here.™

PLEASE CHECK OUR WEB SITE FOR UP TO DATE CLASS INFORMATION
valleymed.org

1st Baby Class Registration Form

To enroll in classes, please read carefully through the class descriptions and fill out the registration form. Please use dark ink to complete the form. A confirmation “*card*” regarding your registration, class information, class location, and a list of what you will need to bring with you to class will be mailed out to you. **PLEASE NOTE: We are unable to accommodate children in our prenatal classes.**

Payment is due at time of registration

Accepted forms of payment are: **Check or Money order (Payable to: Valley Medical Center)**
Visa, MasterCard, Discover Card or a current copy of a DSHS Card (Front and Back).

Complete and return the registration form to:

By Mail

**Birth Preparation Office:
Valley Medical Center
P.O. Box 50010
Renton, WA 98058-5010
Ph: 425.228.3440 ext. 3799**

By Fax

Fax to: 425-656-5409

* **PLEASE NOTE:** If your class registration is not mailed or faxed to us, you may risk not getting into your first choice of classes. If your class choice is no longer available by the time we receive your class registration you will be notified of the next available class dates. Our office hours vary. You can leave a message by dialing **(206) 575-2229 option 5**; all calls will be returned.

***You must be registered at least two weeks before the class starts in order to receive a “blue” confirmation card.**

The confirmation card includes date, time and directions to class; so be sure to read the front and back carefully and bring it with you to class.

* **No day of class registrations will be accepted.** *

Cancellation and Refund Policy

\$25.00 non-refundable processing fee

For a refund: It ***must*** be requested at least two weeks prior to the start of your class. If you reschedule or cancel class with less than 2 weeks notice prior to the start date of class, you may be subject to additional charges. There is **NO** refund once class has begun. If your chosen class does not meet minimum registration requirements, we will notify you with options for other dates or a full refund.

Please read the class descriptions on the following pages carefully as you choose your dates. All fees include Mom and one support person, unless otherwise stated. Fill in the class & date of those classes you wish to take and the total cost at the end of this form. Please send complete payment with your registration form. **Be sure to plan your classes to finish about 6-8 weeks before your due date.**

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**2012 Class Schedule
Babies, Birth and Beyond
Class Registration Form**

Name: _____ Coach's Name: _____
(Expectant Mom)

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work/or Cell Phone: _____

Due Date: _____ Doctor: _____ I am delivering at (hospital): _____

Pre-registration is required and payment MUST accompany this registration form.

'First Baby' Class: Please choose either the *4 Week Series/Cost: \$105.00 OR the 6 Week Series/Cost: \$140.00

MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY (dates) _____ Price: _____

'First Baby' Class: Please choose either the 1 – Day Class/Cost: \$95 OR 2-Day Weekend Class/Cost: \$140.00

1-DAY or 2 -DAY Weekend Class (dates) _____ Price: _____

CIRCLE TYPE OF PAYMENT

***CHECK or *MONEY ORDER / VISA / MASTER CARD / DISCOVER CARD / *DSHS Card**

(*Please make checks or money orders payable to Valley Medical Ctr.; attach a copy of your DSHS Card to this form.)

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

CARDHOLDER SIGNATURE: _____

These classes can also be taken separately at the listed price.

ADDITIONAL CLASS OPTIONS LISTED HERE

Infant/Child CPR \$25 _____ Relaxation & Comfort \$25 _____

Labor & Birth 1 Day Class \$95 _____ Home & Car Safety \$25 _____

Breastfeeding & Working Mom \$25/pp _____ Expecting Grandbaby \$25 _____

Conscious Fathering \$25 _____ Siblings to Come Class \$25 _____

Total: _____