

Mat-Su Regional Family Birthing Center
Registration Form to print out and FAX
Or email information to MyBirthCoach@live.com
FAX# 861-6768 (Ward Clerk: Please put in T. Shell mailbox)

Expectant Mother's Name _____

Labor Partner's Name _____

Email Address: _____
(Please include email address if possible. Email is preferred for correspondence as it is more timely)

Due Date: _____ Your doctor or midwife: _____

Phone: _____ Text: Yes / No

How do you wish us to send you the class confirmation information?

_____ Please send confirmation to the above email address (preferred)

_____ Please send confirmation via US Postal Service below:

Address: _____

City: _____ AK Zip: _____

Please register my partner and me for the following sessions:

3 Session Childbirth Preparation, \$75 dates of session: _____

Short Course Childbirth Preparation, \$50 date of session: _____

Baby Care and Safety, \$30 date of session: _____

Breastfeeding Success, \$30 date of session: _____

Making Your Own Baby Food, \$30 Thursday, July 8, 2010

Returning to Employment and Breastfeeding, \$30 Monday, August 2, 2010

Childbirth Voice Mail Registration Line

861-6351

FAX 861-6768

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