BOTSFORD HOSPITAL

New Beginnings Maternity Center
Class Registration

New Beginnings MATERNITY CENTER at Botsford Hospital

First Name: _____ Last Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Repeat Email: _____

Due Date: _____ Physician: _____

Name of person attending class with you: _____

How did you hear about the class?

- ☐ Friend/Family
- ☐ Doctor/Nurse
- ☐ Web
- ☐ Brochure
- ☐ Other _____

Class you are registering for:

☐ Childbirth Education Comprehensive Series	$75.00	Preferred Date: _____
☐ Childbirth Education Weekend Class	75.00	Preferred Date: _____
☐ Baby Care Basics	35.00	Preferred Date: _____
☐ Breastfeeding Basics	35.00	Preferred Date: _____

Method of payment:

- ☐ Check or money order enclosed made payable to Botsford Hospital
- ☐ Credit Card
  - ☐ Visa ☐ MasterCard
  - Account # _____
  - Expiration Date: Month_____ Year_____
  - Your Signature: _____

Mail this completed form to:

New Beginnings Education Programs - MCH
Botsfod Hospital
28050 Grand River Ave
Farmington Hills MI 48336

You will be contacted within four days of receipt to verify your registration and start date. For questions, please call (248) 888-2500.

If you are bringing someone with you to class and they are pregnant, they must also register and pay for the class.

Notice of cancellation must be received prior to the first class day to receive a refund. A $5.00 handling fee will be assessed for all cancellations. No refunds will be issued after class begins.