# Maternity Classes Registration Form

## Phelps Memorial Hospital Center, Family Centered Teaching Program

FIRST, call (914) 366-3382 to confirm class dates and availability and to pre-register.

THEN, please print out, complete, and return this form with a check payable to "Family Centered Teaching Programs" to:

Phelps Memorial Hospital Center
Attention: Barbara Bruno, RN, Nursing Director, Maternal Child Health
701 North Broadway
Sleepy Hollow, NY 10591

Names: _____

Address: _____

_____

Work Phone: _____

Home Phone: _____

Email: _____

Due Date: _____

| Name of Class: | Date: | Amount: |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | Total: | _____ |

****Special Package:** Childbirth Preparation, Breastfeeding and ABC's of Baby Care for $250.