

Prenatal Education Registration Form

To assist us in meeting your individual needs, and to register you in classes, **it is important that you complete this form** and return it and your payment as soon as possible to:

Prenatal Class Registrar
West Winds Primary Health Centre
3311 Fairlight Drive
Saskatoon, SK S7M 3Y5

Fax to: 306-655-4899 or email with payment to: prenatal@saskatoonhealthregion.ca

There is a \$50.00 fee* for the series of classes. Baby's Best Chance, a comprehensive parenting book, is provided to each participant at no additional cost (e-version for online users). **fee can be waived if it is a hardship

The date, time and location of your classes will be confirmed by email.

Name (mother): _____ **Name (partner):** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone:** _____

Due Date (dd-mmm-yyyy): _____

Email address: _____

Please indicate your preference for the classes:

(go to www.saskatoonhealthregion.ca/locations_services/services/Prenatal-Education/ for dates)

Evening Series – one evening a week for 3 weeks (6:30 p.m. – 9:30 p.m.)

<input type="checkbox"/> Monday	Saskatoon City Hospital
<input type="checkbox"/> Tuesday	Sherbrooke Community Centre
<input type="checkbox"/> Wednesday	West Winds Primary Health Centre
<input type="checkbox"/> Thursday	West Winds Primary Health Centre

Preferred
Dates: _____

Weekend Workshop – Friday (6:30 p.m. – 9:30 p.m.) and Saturday (9 a.m. – 4 p.m.)

Location: West Winds Primary Health Centre Preferred Dates: _____

On-line Classes – unlimited access for 270 days

If you have any questions about the classes, please call **306-655-4800**

Payment Enclosed

VISA/Mastercard

(cheques payable to
"Saskatoon Health Region HMHB")

Cardholder Name: _____

Card/Account #: _____

Expiration Date and
CVV: _____