

LAKESIDE WOMEN'S HOSPITAL
New Life Prenatal Education Classes

ENROLLMENT PROCESS:

Please complete this enrollment form and attach a check for payment. Make checks payable to: Lakeside Women's Hospital. You may 1) enroll in classes while you are here, leave the completed form and payment at the reception desk, 2) mail the completed form with payment to Lakeside Women's Hospital, 11200 N. Portland, Oklahoma City, OK 73120, ATTN: PRENATAL EDUCATION, or 3) fax the form to (405) 936-1584. A confirmation letter will be mailed to you. If you have questions, please call Shelley Nixon, (405) 936-1594.

Payment is required to guarantee your enrollment, so please return your payment and form as soon as possible. Classes fill up quickly!

CLASS NAME	CLASS COST Per couple	CLASS SCHEDULE See attached schedule for dates
The Birth of Your Baby * Bring two pillows and dress comfortably	\$50.00	Three Thursday evenings 6:30-9:30 pm <i>or</i> Saturday 9-5 pm
Caring For Your Baby *	\$35.00	Saturday 9-1 pm <i>or</i> Monday evening 7:00 – 9:30 pm
Breastfeeding *	\$25.00	Monday evenings 7:00-9:30 pm
Infant CPR	\$35 .00	Monday or Friday evening 7-8:30 pm
Infant Massage Class – bring pillow & blanket to postnatal class	\$40.00	Tuesday evening 7-9 pm

* Lakeside offers a special savings if you enroll in 'The Birth of Your Baby', 'Caring For Your Baby', and 'Breastfeeding'. These classes, if taken individually, would cost \$110. By enrolling in all three classes at the same time, you will save \$20, paying only \$90 for all three.

Name: _____

Home Phone: _____ Work/Cell Phone: _____

Address: _____

City/State: _____ Zip: _____

Doctor: _____ Due Date: _____ Email address: _____

PLEASE ENROLL ME IN THE FOLLOWING CLASSES:

_____ **The Birth of Your Baby** Preferred Date(s) _____

_____ **Caring For Your Baby** Preferred Date(s) _____

_____ **Breastfeeding** Preferred Date(s) _____

_____ **Infant CPR** Preferred Date(s) _____

_____ **Infant Massage** Preferred Date(s) _____