



# PREPARATION FOR CHILDBIRTH AND PARENTING

DIRECTORS: Barbara Jones & Barbara Webster  
514-482-5108

To reserve your place, complete this form and return it with your fee as soon as possible.

Expectant Mother's First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Name of Support Person(s): \_\_\_\_\_

Baby's Due Date: \_\_\_\_\_ At which hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Home: \_\_\_\_\_

Telephone Work: \_\_\_\_\_ Telephone Cell: \_\_\_\_\_

How did you hear about the classes? \_\_\_\_\_

Registering for a course at which location?  Jewish General  St Mary's  West Island  
Other: \_\_\_\_\_

Preferred Session Letter: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

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## Program and Fee Schedule

Preparation for Labour, Birth and Parenting **\$160 per couple** (7 classes) \_\_\_\_\_ *enclose fee*

Preferred Date for Class 7 (Breastfeeding mothers only.) \_\_\_\_\_

Please make cheque or money order **payable to Barbara Jones** and mail with this form to:

**Childbirth Education  
23 Campbell Ave.  
Montreal West, QC  
H4X 1V2**

*Refunds available (less \$40 administration fee) until 1 week prior to class.*

**For Office Use:** Date Sent: \_\_\_\_\_ Date Registered: \_\_\_\_\_

PC \_\_\_\_\_ PP \_\_\_\_\_