

THE WESTERLY HOSPITAL CHILDBIRTH EDUCATION REGISTRATION FORM

Return completed form to The Westerly Hospital, Childbirth Education Dept.,  
25 Wells St., Westerly, R.I. 02891 (Make checks payable to The Westerly Hospital)

Participant's Name: \_\_\_\_\_  
(PARENT'S NAME FOR SIBLING PREP CLASS)

Partner's Name: \_\_\_\_\_  
(IF APPLICABLE)

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Due Date: \_\_\_\_\_ Physician/Midwife: \_\_\_\_\_

**IF REGISTERING FOR SIBLING PREP CLASS, PLEASE LIST NAME AND AGE OF EACH CHILD:** \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

If you have Ritecare or Neighborhood Health, please write your number here: \_\_\_\_\_

Check here if you need a receipt for insurance.

Signature: \_\_\_\_\_

**Refunds given prior to first class minus \$15.00 processing fee**

REGISTRA/NURSING/OBS.DOC

**Pre-registration and PAYMENT are required for classes as indicated:**

Please sign me up for the following class(es):

\_\_\_ Childbirth Prep Class Date \_\_\_\_\_ (\$80)

\_\_\_ Childbirth Prep Refresher Date \_\_\_\_\_ (\$40)

\_\_\_ Caring for Newborn & Pre-natal

Breastfeeding Date \_\_\_\_\_ (\$35)

\_\_\_ Sibling Prep Date \_\_\_\_\_ (\$10 for

*first child, \$5 each additional child same family*)

\_\_\_ Infant/Child C.P.R. Date \_\_\_\_\_

**Enter number of people attending CPR:**

\_\_\_ @ \$20 each for a total of \$ \_\_\_\_\_

⇒ **Enter on back of form names of & addresses of CPR participants**

\_\_\_ Dad's Bootie Camp Date \_\_\_\_\_ (\$20)

**For Office Use Only**

DATE PAYMENT RECEIVED: \_\_\_\_\_

AMNT: \_\_\_\_\_  CASH  CHECK # \_\_\_\_\_

REG. CONFIRMED: \_\_\_\_\_

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