

## Instructions for Registration

Classes fill up very quickly. The earlier you register the more choices there will be available. We process in the order received. When completing the registration form, look over the schedules that would best meet your needs. Please include a "second choice." Classes are offered as a series or individually. Registration cannot be processed without full payment or copy of state insurance card. State medical insurance covers only the Labor and Birth Series (Childbirth Preparation Class). **Checks are payable to PRMCE.** Please mail registration, payment or copy of your state insurance card to:

Providence Regional Medical Center Everett  
 Family Resource Center  
 P.O Box 1067  
 Everett WA 98206-1067  
 (425) 304-6047 fax (425) 304-6048

## Registration Form

<p>Expectant Mother's Information</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Due date (if applicable) _____</p> <p>Doctor/Midwife _____</p> <p>Hospital for delivery _____</p> <p>Email address _____</p>	<p>Expectant Mother's Birth History</p> <p>Number of previous births _____</p> <p>Name/Age of children          _____ / _____          _____ / _____          _____ / _____</p> <p>Partner's Information</p> <p>Name _____</p> <p>Phone (if different) _____</p>
<p><input type="checkbox"/> Special Delivery Club (please list desired classes and dates below) <span style="float: right;">\$185.00</span></p> <p><input type="checkbox"/> Childbirth Preparation Series # _____ or # _____ <span style="float: right;">\$ 95.00</span></p> <p><input type="checkbox"/> Free 30 minute tour ____ or ____</p> <p>Additional classes _____ <span style="float: right;">\$ _____</span></p> <p>_____ <span style="float: right;">\$ _____</span></p> <p>_____ <span style="float: right;">\$ _____</span></p> <p style="text-align: right;"><b>Total</b></p>	
<p>Paid: Check ____ Credit Card ____ copy of State Insurance card ____</p> <p>Credit Card Information:</p> <p>Visa __ M/C __ Card # _____ Exp date __ CVV __</p> <p>Signature _____</p>	

## Cancellation/Reschedule Note

Cancellations must be received at least 5 working days before the start of the first class for a full refund (minus a \$20.00 processing fee). Any cancellation made less than 5 working days before the start of the first class will be refunded at 50% of the class fee (minus a \$20.00 processing fee). We are only able to accommodate **one** reschedule if the Family Resource Center is notified at least 5 working days before the start of the first class. DSHS clients are required to give same 5 day notice upon cancellation or rescheduling. Occasionally classes may be cancelled due to low enrollment. **\*Inclement weather:** During the winter season we may need to cancel a class due to inclement weather. We follow the same guidelines as Everett Community College, if they close we will too. Every attempt will be made to accommodate rescheduling.