

Pre-birth Program Registration Form - 2008

Please complete this form and return to Mission Hospital, Community Health Improvement Services (CHIS)

Expectant Mother's Name		Birthdate	Support Person(s) Name (Attending classes with you)	
Street Address			City	Zip Code
Home Phone		Daytime Phone (if different)		Doctor's Name
Due Date or Delivery Date	Is this a Multiple or High Risk Pregnancy? Yes No Risk Factor:	Comments:		Insurance

Registration Information

- 1) Fax your registration with credit card information to (949) 364-4903
 - 2) Send your registration (with payment) to: Mission Hospital - CHIS, 27800 Medical Center Road – Ste 340, Mission Viejo, 92691
 - 3) Bring your registration form to the Community Health Improvement Services office located at the address above. Monday – Friday, 8 a.m. – 4 p.m.
- Refunds given only with a two week notice (TotSaver is non-refundable). Returned checks have a \$10 processing fee. Confirmation will be sent. If you have any questions about registration, call (949) 364-1770**

Pre-birth Programs Desired (July – December). Please check the square next to your preferred date.

Open House

Weekdays, 6 – 7:30 p.m. - FREE

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Jul 10 | <input type="checkbox"/> Oct 9 |
| <input type="checkbox"/> Aug 14 | <input type="checkbox"/> Nov 13 |
| <input type="checkbox"/> Sep 11 | <input type="checkbox"/> Dec 11 |

Preparation for Birth

(Three-week series or One Saturday session - \$95 per couple)

Tuesdays, 6 – 8:30 p.m.

- | | |
|---|--|
| <input type="checkbox"/> Jul 15, 22, 29 | <input type="checkbox"/> Sep 30, Oct 7, 14 |
| <input type="checkbox"/> Aug 5, 12, 19 | <input type="checkbox"/> Oct 21, 28, Nov 4 |
| <input type="checkbox"/> Sep 9, 16, 23 | <input type="checkbox"/> Dec 2, 9, 16 |

Saturday, 9 a.m. – 3 p.m.

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Jul 26 | <input type="checkbox"/> Oct 18 |
| <input type="checkbox"/> Aug 23 | <input type="checkbox"/> Nov 15 |
| <input type="checkbox"/> Sep 27 | <input type="checkbox"/> Dec 13 |

Prenatal Breastfeeding

Saturday, 9 – 11:30 a.m. - \$25 per couple

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Jul 19 | <input type="checkbox"/> Oct 11 |
| <input type="checkbox"/> Aug 9 | <input type="checkbox"/> Nov 8 |
| <input type="checkbox"/> Sep 13 | <input type="checkbox"/> Dec 13 |

Baby Care Basics & Beyond

Monday, 6 – 8:30 p.m. - \$30 per couple

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Jul 28 | <input type="checkbox"/> Oct 27 |
| <input type="checkbox"/> Aug 25 | <input type="checkbox"/> Nov 24 |
| <input type="checkbox"/> Sep 29 | <input type="checkbox"/> Dec 22 |

Saturday, 9 – 11:30 a.m.

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Jul 12 | <input type="checkbox"/> Oct 4 |
| <input type="checkbox"/> Aug 2 | <input type="checkbox"/> Nov 1 |
| <input type="checkbox"/> Sep 6 | <input type="checkbox"/> Dec 6 |

Transition to Parenthood

Monday, 6 – 8 p.m. - \$40 per couple

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|---------------------------------|---------------------------------|
| <input type="checkbox"/> Sep 22 | <input type="checkbox"/> Dec 15 |
|---------------------------------|---------------------------------|

TotSaver

(Two-week series or One Saturday session - \$30 per person; must be 16 years or older)

Wednesdays, 6 – 8:30 p.m.

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Jul 9, 16 | <input type="checkbox"/> Oct 15, 22 |
| <input type="checkbox"/> Aug 20, 27 | <input type="checkbox"/> Nov 12, 19 |
| <input type="checkbox"/> Sep 17, 24 | <input type="checkbox"/> Dec 10, 17 |

Saturday, 9 a.m. – 3 p.m.

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Jul 19 | <input type="checkbox"/> Oct 11 |
| <input type="checkbox"/> Aug 9 | <input type="checkbox"/> Nov 8 |
| <input type="checkbox"/> Sep 13 | <input type="checkbox"/> Dec 13 |

Boot Camp for New Dads

Saturday, 10 a.m. – 12 p.m. - FREE

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Jul 12 | <input type="checkbox"/> Oct 4 |
| <input type="checkbox"/> Aug 2 | <input type="checkbox"/> Nov 1 |
| <input type="checkbox"/> Sep 6 | <input type="checkbox"/> Dec 6 |

Sibling Class

Saturday, 9 – 10:15 a.m. - \$25 up to two children; \$30 for three or more

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Jul 26 | <input type="checkbox"/> Oct 25 |
| <input type="checkbox"/> Aug 23 | <input type="checkbox"/> Nov 22 |
| <input type="checkbox"/> Sep 27 | <input type="checkbox"/> Dec 20 |

Grandparents in the Know

Saturday, 9 – 11:30 a.m. - \$15 per person or \$25 per couple

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Aug 23 | <input type="checkbox"/> Oct 25 | <input type="checkbox"/> Dec 20 |
|---------------------------------|---------------------------------|---------------------------------|

Payment Method: Check or Money Order Enclosed (Payable to Mission Hospital) or Charge to my: Visa/MC/AMEX/Discover

Credit Card #: _____ **Exp. (MM/YY):** _____

Amount to be Charged: _____

Card Holder's Name (Print): _____

Signature: _____ **Date:** _____