

Childbirth Education Registration

Registration is required to attend all **Babies First** classes or tours. Space is limited, so please register early to ensure your class choices.

Please write your choices on the right side and mail with a check or money order payable to:

Northridge Hospital Medical Center

Keep the rest of the brochure for your records after marking your choices on it.

Place in a stamped envelope and mail to:

Northridge Hospital Medical Center

Attn.: **Babies First**

18300 Roscoe Blvd.

Northridge, CA 91328

A confirmation letter will be sent to you noting class location.

Please print

Name _____

Address _____

City _____ Zip _____

Home Telephone () _____

Physician Name _____

Due Date ____ / ____ / ____

I would like to register for the following **Babies First** classes. A check/money order for the total fees due is enclosed in the amount of \$ _____ .

1. Class Title: _____

Dates: _____

Cost: \$ _____

2. Class Title: _____

Dates: _____

Cost: \$ _____

3. Class Title: _____

Dates: _____

Cost: \$ _____

4. Class Title: _____

Dates: _____

Cost: \$ _____

5. Class Title: _____

Dates: _____

Cost: \$ _____

6. Class Title: _____

Dates: _____

Cost: \$ _____

7. Class Title: _____

Dates: _____

Cost: \$ _____

