

Prenatal Education Registration Form

To assist us in meeting your individual needs, and to register you in classes, **it is important that you complete this form** and return it and your payment as soon as possible to:

Prenatal Class Registrar West Winds Primary Health Centre 3311 Fairlight Drive Saskatoon, SK S7M 3Y5

Fax to: 306-655-4899 or email with payment to: prenatal@saskhealthauthority.ca

There is a \$50.00 fee* for the series of classes. Baby's Best Chance, a comprehensive parenting book, is provided to each participant at no additional cost (e-version for online users). **fee can be waived if it is a hardship

The date, time and location of your classes will be confirmed by email.

Name (mother): ______ Name (partner): _____ Address: _____ City: _____ Postal Code: _____ Phone: _____ Due Date (dd-mmm-yyyy): _____ Email address: Please indicate your preference for the classes: (go to www.saskatoonhealthregion.ca/locations services/services/Prenatal-Education/ for dates) **■ Evening Series** – one evening a week for 3 weeks (6:30 p.m. – 9:30 p.m.) Preferred Wednesday Saskatoon City Hospital Dates: П Thursday West Winds Primary Health Centre **Weekend Workshop** − Friday (6:30 p.m. − 9:30 p.m.) and Saturday (9 a.m. − 4 p.m.) Location: West Winds Primary Health Centre Preferred Dates: _____ On-line Classes – unlimited access for 270 days If you have any questions about the classes, please call 306-655-4800 **Payment Enclosed** VISA/Mastercard/Amex Cardholder Name: (cheques payable to Card/Account #: "Saskatoon Health Region HMHB") **Expiration Date and** CVV: