

PARENT/CHILD/PATIENT CARE SERVICES DEPARTMENT

DEPARTMENT OF NURSING – 718-818-4294

REGISTRATION FOR PREPARED CHILDBIRTH CLASSES

NAME: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ WORK: _____

DUE DATE: _____ FIRST BABY: YES () NO ()

DOCTOR: _____

COACH'S NAME: _____

ONLY ONE COACH PER PERSON

PRIMARY SERIES: _____

FIRST CHOICE (WHICH DAY OF THE WEEK YOU PREFER)

SECOND CHOICE (SHOULD YOUR FIRST CHOICE BE CLOSED OUT)

CESAREAN BIRTH: _____

RETURN FOR AND FEE TO:

**RICHMOND UNIVERSITY MEDICAL CENTER
PARENT/CHILD/PATIENT CARE SERVICES
355 BARD AVENUE
STATEN ISLAND, NEW YORK 10310**

ATTENTION: PREPARED CHILDBIRTH CLASS REGISTRAR