

# CHILDBIRTH PREPARATION CLASSES

These six late-pregnancy classes will help prepare you for the physical and emotional aspects of labour, birth and the postnatal period. Active participation, group discussion, practice of various labour coping techniques (e.g., breathing & relaxation techniques), videos and a tour of our Family Birthing Centre are provided in this series.

Fee: \$100

## When? Where? What to bring?

One night per week for 6 consecutive weeks, from 6:45-8:45 pm, at St. Joseph's Health Centre. Wear comfortable clothes, like slacks, shorts or track pants.

**For dates offered or more information about these classes, please call Childbirth & Parenting Services at (416) 530-6367.**

How to Register: Please fill in the form below, detach and mail by \_\_\_\_\_, along with a cheque\* or money order for the fee (payable to St. Joseph's Health Centre), to:



Childbirth & Parenting Services  
St. Joseph's Health Centre  
30 The Queensway  
Toronto, Ontario M6R 1B5



### Confirmation of Registration:

A letter will be mailed to you, outlining the date and exact location of your first class.

## CHILDBIRTH PREPARATION CLASSES REGISTRATION FORM

I would like to register for the six classes starting on \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of support person: \_\_\_\_\_

Your Doctor's/ Midwife's Name: \_\_\_\_\_ Your Due Date: \_\_\_\_\_

Please indicate your first and second choices: I prefer to attend classes on:

Monday  Tuesday  Wednesday  Thursday  No preference

For Office Use Only  CPC List  Confirm

Please note: Full refund of registration fees will be granted only if notice of cancellation is received 3 WEEKS prior to the start of classes. \*Post-dated cheques will be accepted ONLY if previously authorized. Rev 10.2009