

Catholic Health Childbirth Education Classes Registration Form

1. Review the class dates at: chsbuffalo.org/childbirthclasses or call (716) 447-6205 if you do not have internet access.
2. Complete the form below, select your classes, and list the desired date with an alternate date.
3. Send your form by: **Mail:** Catholic Health's HealthConnection • 144 Genesee Street, 5th Floor • Buffalo, NY 14203
Fax: (716) 706-2545
Email: HealthConnection@chsbuffalo.org
4. Confirmation of class registration will be mailed to you at the address you provide.

ALL REGISTRANTS: Please fill out this section. (For CPR Certification or Grandparents classes, fill out a separate form for each attendee.)

Name: _____ Date of Birth: _____ Last 4 digits of SS#: _____
Last First

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Marital Status: _____ Race: _____ Ethnicity: _____

Employer: _____ Emergency Name and Phone: _____

Primary Physician: _____ Office Location: _____

EXPECTANT MOMS: Please also fill out this section.

Where do you plan on delivering? Sisters Hospital Mercy Hospital Mount St. Mary's Hospital Other: _____

Previous/Maiden Name: _____ Due Date: _____ Date of Last Menstrual Period: _____

OB Provider's Name: _____ Office Location: _____

INSURANCE INFORMATION: All registrants please fill out this section.

No Insurance/Self Pay

Primary Insurance: _____ Policy Number: _____

Subscriber: _____ Group: _____ Plan: _____

Subscriber's Employer: _____ Subscriber's Date of Birth: _____

Secondary Insurance: _____ Policy Number: _____

Subscriber's relationship to patient: _____ Medicare Number: _____

Medicaid Number: _____ Newborn Medicaid Number: _____

CHOOSE YOUR CLASSES: Check the classes you wish to take. Visit chsbuffalo.org or call 447-6205 for the available dates and times. Write your first and second choices of dates in the appropriate space.

Select the Classes:	1st Choice:	2nd Choice:		1st Choice:	2nd Choice:
<input type="checkbox"/> Prepared Childbirth	_____	_____	<input type="checkbox"/> Grandparents	_____	_____
<input type="checkbox"/> Lamaze Focus	_____	_____	<input type="checkbox"/> Car Seat Safety	_____	_____
<input type="checkbox"/> Prepared Pregnancy	_____	_____	<i># of seats you are bringing:</i>	_____	_____
<input type="checkbox"/> Community Class	_____	_____	<input type="checkbox"/> Infant CPR/First Aid	_____	_____
<input type="checkbox"/> Prepared Cesarean	_____	_____	<input type="checkbox"/> Childbirth Refresher	_____	_____
<input type="checkbox"/> Preparing to Breastfeed	_____	_____	<input type="checkbox"/> High Risk Pregnancies	_____	_____
<input type="checkbox"/> Marvelous Multiples	_____	_____	<input type="checkbox"/> Parenting in the NICU	_____	_____
<input type="checkbox"/> Baby Talk	_____	_____	<input type="checkbox"/> Sibling Class	_____	_____
			<i>names & ages of siblings:</i>	_____	_____