



Perinatal Education Program

2011-2012 Registration

Instructions: Complete this registration form and enclose registration fee (check or money order preferred).

Mail to: Mayo Clinic – Methodist Hospital, Perinatal Education Program, Eisenberg SL 41, 200 First Street SW, Rochester, MN 55905

Drop off: Charlton 3B Obstetrics reception desk. Place completed form and payment in the drop box.

Fax to: “Attention – Perinatal Education” (507) 255-8873

Email to: PerinatalEducation@mayo.edu

Registration Information

| | | | |
|--|--|-----------------------------|-----------------------------------|
| Mayo Clinic Number | | Name (<i>First, Last</i>) | |
| Street Address | | | |
| City | | State | ZIP Code |
| Email Address | | | |
| Home Phone | Work Phone | Cell Phone | |
| Physician/Nurse Midwife Name | | | |
| Name of person attending class with you: (<i>First, Last</i>) (see space below for sibling(s) name(s) and age(s)) | | | |
| Which pregnancy is this for you? | Number of children | Due date range | |
| Class Requesting | 1st choice dates: _____ 2nd choice dates: _____ | | Fee \$ _____ |
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| Your registration will be completed when payment or exceptions are received. Make check payable to: Perinatal Education Program and send to mailing address above or drop in box at Charlton 3B Obstetrics Reception desk. | | | Total Enclosed \$ _____ |
| Sibling classes: List children’s names (include last names if they are different from your own), sex and ages: | | | |
| Grandparent classes: Attach separate sheet of paper with grandparents’ contact information. | | | |
| Special accommodations: Let us know if you require a wheelchair, recliner, interpreter, or other accommodations. | | | |