



Pregnancy To Parenting

A Childbirth Education Series designed to give you
a variety of learning experiences

Presented by Rice Memorial Hospital and Kandiyohi County Public Health

Registration Form for Payment (by check)

To register with a major credit or debit card, please visit
www.ricehospital.com events and classes

Please answer ALL questions below:

Name _____

Email Address _____

Address _____

City / State / Zip Code _____

Phone / Cell _____

Date(s) of the Childbirth Education Class(es) you're taking _____

You may add one guest at no charge. Guest's name _____

What is the mom-to-be's date of birth? _____

When is the baby due (month/day/year)? _____

What is the name of the person who is scheduled to deliver the baby (physician)? _____

Choose one:

Complete Series for \$50.00

Includes three face-to-face classes, Gift of Motherhood booklet, and Breastfeeding booklet.

Express Series for \$25.00

Includes one face-to-face class and *either*

The Gift of Motherhood booklet *or* the Breastfeeding booklet.

For Express check **one** class: **All About Newborns** **Breastfeeding** **Labor and Delivery**

Choose **one** booklet: **Gift of Motherhood** **Breastfeeding**

(do not send cash or credit card information)

Check enclosed, payable to Rice Memorial Hospital in the amount of \$ _____

Mailing address: 301 SW Becker Avenue, Willmar MN 56201