

The Midwife Center Class Registration Request & Payment

Please complete the information below. If the classes and dates you request are available, this form will automatically register you. We will only contact you if the classes or dates are not available.

This form can be turned in, mailed in to the address below, or faxed to 412.321.7070

The Midwife Center
ATTN: Front Office
2831 Penn Avenue
Pittsburgh, PA 15222

Payment is required upon registration. If you have questions about this, or want to find out more about our scholarship program, please ask someone at the front desk. Please call as soon as possible if you need to cancel or reschedule a class.

Full Name: _____ DOB: ____/____/____

Phone: _____ EDD: ____/____/____ Have you birthed at TMC before? ____

Classes requested:

1. Class name: _____ Date(s): _____

Will someone be accompanying you? ____

2. Class name: _____ Date(s): _____

Will someone be accompanying you? ____

3. Class name: _____ Date(s): _____

Will someone be accompanying you? ____

Please complete the payment section and sign below. This information is not kept on file after it has been used to process your payment. You will receive an emailed receipt. If you are paying by check, cash, or a gift certificate, please present your payment to someone at the front desk with this form.

I am paying by: __Credit Card __Check __Cash __Gift __Scholarship

American Express Discover Master Card Visa

Card #: _____ Expiration date: ____/____

CVV # (security code): _____

Client Signature: _____ Date: _____

Is it OK to share your contact information with the class instructor? Yes No