

The Midwife Center for Birth and Women's Health
Class Registration Form

All classes are held in The Midwife Center's classroom on the third floor of our center. You may purchase an individual class, but we also offer class bundles with a discount. The cost for classes is detailed below.

Childbearing Essentials	\$125.00 (2 people)	Newborn Care	\$40.00 (2 people)
HypnoBirthing™	\$300.00 (2 people)	Breastfeeding	\$60.00 (2 people)
Childbearing Refresher	\$50.00 (2 people)		

Bundle A: includes Childbearing Essentials, Breastfeeding and Newborn Care. This bundle is \$200, saving you \$25.

Bundle B: includes HypnoBirthing, Breastfeeding, and Newborn Care. This bundle is \$360, saving you \$40.

***Scholarship funds are available for people who meet income requirements. Some classes are covered by Medical Assistance. Please call the Front Office at 412-321-6880 with questions about class payments.*

CLASS DATES & TIMES

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

PAYMENT INFORMATION

This form can be turned in, mailed in, emailed (frontoffice@midwifecenter.org), or faxed to 412-321-7070. You may also call the Front Office and register over the phone. Our phone number is 412-321-6880. Payments will be processed as soon as they are received.

Full Name: _____ DOB: ____/____/____ EDD: ____/____/____
Phone: _____ Email: _____ Insurance: _____

- Are you a prenatal client at The Midwife Center? Yes No
- Ok to share your contact information with the class instructor? Yes No
- I am paying by: Credit Card Check Cash Scholarship _____(%)

By signing below, I confirm that I have read TMC's class policies and I consent to paying for the classes above. 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 or cash, please send in your payment with this form.

Client Signature: _____ Date: _____

 American Express Discover Master Card Visa

Card #: _____ - _____ - _____ - _____ Expiration date: ____/____ CVV # (security code): _____

Name on Card: _____

Billing Address: _____