

Childbearing Family Education Programs for 2007

Be sure to complete both sides of registration form.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (day) _____

(evening) _____

Physician _____

Baby's due date _____

Partner's Name _____

Additional Information for Sibling Class:

Child(ren)

Name

Age

M/F

Additional Information for Grandparent Class:

Name of Grandparent(s) _____

Telephone _____

Make checks payable to: Albany Medical Center

Please mail to: Childbearing Family Education
Programs - c/o Perinatal Outreach
Albany Medical Center
43 New Scotland Avenue, MC-90
Albany, New York 12208-3478

Questions? Call (518) 262-5162

Free parking is provided in the hospital parking garage for all programs.

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Be sure to complete both sides of registration form.

Program	Date you wish to participate	Fee
Open House	_____	free
Childbirth Education Series	_____	\$70
Cesarean Birth Class	_____	\$15
Breastfeeding Class	_____	\$15
Infant Care Series	_____	\$20
Sibling Class	_____	\$10/child \$15/family
Grandparent Update	_____	\$15/family
Total fee enclosed	\$ _____	

Confirmation of classes will be sent by mail upon receipt of completed registration form and payment of class fees.

*Please note that some insurance companies cover educational programs . Check with your insurance company for their reimbursement policy.

Name of Insurance company _____

Subscribers name _____

Policy number _____

Group number _____

Please do not enclose payment if you participate in Blue Shield of Northeastern NY, Medicaid or HMO managed Medicaid.