



Thank you for your interest in our Family Education Classes!

Please complete the following registration request and mail, along with payment, to the address below.

Please call Tracy at 330-363-6290 with any questions. All dates subject to change or cancellation due to enrollment. Classes fill up quickly and are scheduled on a first paid-registration basis. Registration is considered complete when a complete registration and full payment are received at the Aultman Family Education Center. Please allow 7-10 business days for mail to be received. It is never too early to schedule your classes.

We look forward to working with your family during this time.

Family Education Registration-Please print

Expectant Mother's LAST name: _____ Expectant Mother's FIRST name: _____

Support Person's LAST name: _____ Support Person's FIRST name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____ Due Date: _____ Physician: _____

Please list the classes you would like to take – including the month, day and time you prefer.

If registering for Breastfeeding I, please indicate next to the class name two Xs if you are bringing a support person.

Please indicate a name if not the support person listed above.

Family Education Class Registration

Classes fill up quickly. Please indicate a first and second choice for your 4/6 week or Express Delivery childbirth class
(Applies to Six Week- Four Week- Express Delivery classes)

CLASS NAME MONTH/DAY/TIME FEE

1. _____

2. _____



Other Family Education Classes

CLASS NAME- MONTH/DAY/TIME FEE

**Other family/sibling class
REGISTRATION>>>>>>>**

**Please enroll other family members in classes such as Infant/Child CPR and Grandparenting.
Appropriate fees apply:**

Last Name _____ First Name: _____ Phone: _____
Class _____ Mo/Date/Time _____ Fee _____

Last Name _____ First Name: _____ Phone: _____
Class _____ Mo/Date/Time _____ Fee _____

Last Name _____ First Name: _____ Phone: _____
Class _____ Mo/Date/Time _____ Fee _____

If you are registering your children for sibling classes, please complete the following:

Child's name: _____ Date of birth: _____ Age: _____ M or F
Child's name: _____ Date of birth: _____ Age: _____ M or F
Child's name: _____ Date of birth: _____ Age: _____ M or F

Please make check or money order payable to AULTMAN HOSPITAL and mail to:

**Family Education Center
c/o Aultman Hospital
2600 Sixth Street
Canton, Ohio 44710
Attn: Tracy**