

# Catholic Health Prenatal Education Classes Registration Form

1. Review the class dates at: [chsbuffalo.org/classes](http://chsbuffalo.org/classes) or call (716) 447-6205 if you do not have internet access.
2. Complete the form below, select your classes, and list the desired date with an alternate date.
3. Send your form by: **Mail:** Catholic Health's HealthConnection • 144 Genesee St., 5th Floor • Buffalo, NY 14203  
**Fax:** (716) 706-2545  
**Email:** HealthConnection@chsbuffalo.org
4. Confirmation of class registration will be mailed to you at the address you provide.

## ALL REGISTRANTS: All fields are required.

Name: _____		Date of Birth: _____	Last 4 digits of SS#: _____	
Last	First			
Address: _____		City: _____	State: _____	ZIP: _____
Phone: _____		Email: _____		
Marital Status: _____	Race: _____	Ethnicity: _____	Religion: _____	
Employer: _____	Emergency Name and Phone: _____			
Primary Physician: _____	Office Location: _____			

## EXPECTANT MOMS: Please also fill out this section.

Where do you plan on delivering? <input type="checkbox"/> Sisters Hospital <input type="checkbox"/> Mercy Hospital <input type="checkbox"/> Mount St. Mary's Hospital <input type="checkbox"/> Other: _____				
Previous/Maiden Name: _____		Due Date: _____	Date of Last Menstrual Period: _____	
OB Provider's Name: _____		Office Location: _____		

## PAYMENT INFORMATION: Please check one.

I authorize Catholic Health to bill my insurance. Please fill out the information below.

Primary Insurance: _____	Policy Number: _____
Subscriber: _____	Group: _____ Plan: _____
Subscriber's Employer: _____	Subscriber's Date of Birth: _____
Secondary Insurance: _____	Policy Number: _____
Subscriber's relationship to patient: _____	Medicare Number: _____
Medicaid Number: _____	Newborn Medicaid Number: _____

I do not authorize Catholic Health to bill my insurance (signature required): \_\_\_\_\_

*By signing, I understand that I will be responsible for the cost of any class(es) attended. (signature)*

*Catholic Health's Privacy Notice outlines my rights and responsibilities and is available at [chsbuffalo.org](http://chsbuffalo.org).*

## CHOOSE YOUR CLASSES: Check the classes you wish to take. Visit [chsbuffalo.org](http://chsbuffalo.org) or call 447-6205 for the available dates and times. Write your first and second choices of dates in the appropriate space.

SELECT THE CLASSES:	1ST CHOICE:	2ND CHOICE:	1ST CHOICE:	2ND CHOICE:
<input type="checkbox"/> Prepared Pregnancy	_____	_____	<input type="checkbox"/> Preparing to Breastfeed	_____
<input type="checkbox"/> Childbirth - BASICS	_____	_____	<input type="checkbox"/> Breastfeeding & Bottles	_____
<input type="checkbox"/> Childbirth - ACTIVITY	_____	_____	<input type="checkbox"/> Grandparents	_____
<input type="checkbox"/> Lamaze Focus	_____	_____	<input type="checkbox"/> Infant and Child CPR	_____
<input type="checkbox"/> Prepared Caesarean	_____	_____	<input type="checkbox"/> Car Seat Safety - CLASS	_____
<input type="checkbox"/> Moms in Motion	_____	_____	<input type="checkbox"/> Car Seat Safety Check	_____
<input type="checkbox"/> Prepared Partner	_____	_____	<input type="checkbox"/> Baby Talk	_____
<input type="checkbox"/> Multiple Miracles	_____	_____	<input type="checkbox"/> Healing After Birth	_____
<input type="checkbox"/> NICU/Higher Risk	_____	_____	<input type="checkbox"/> _____	_____