



Eastern
Health

Child/Women's
Health Program

Prenatal Education and Support

Registration



Submit Form

Name: _____

HCN/MCP Number: _____

Support Person: _____

Telephone: _____ Cell: _____

Address: _____

Postal Code: _____ Email: _____

Due Date: DD/MONTH/YYYY Physician: _____

Previously Attended Prenatal Class? Yes No

Please check your preference:

We will attempt to accommodate (additional classes in other time slots are added as required)

EARLY PREGNANCY (Up to 24 weeks):

Three-week Early Pregnancy Classes (*3 Wednesdays at 5:30 pm*)

LABOUR and BIRTH OPTIONS (check one):

Five-week Labor and Birth Classes (Includes Tour of Hospital)
(Tuesday at 5:30 or 8 pm/Wednesday at 8 pm/Thursday at 5:30 or 8 pm)

Prenatal-in-a-Day Class (Includes Tour of Hospital)
(Full day - 9 am to 4 pm Saturday or Sunday)

Three-week Refresher Classes (Includes Tour) (*Individual or small group*)

Teen Mom Classes (Includes Tour) (*Individual or small group*)

ADDITIONAL CLASSES (check all you require):

Tour of Hospital (Case Room and Obstetrical Unit)

Breastfeeding Class (*Weekdays, 1-2 classes per month - Dates to be posted*)

Newborn Care Class (*Weekdays, 1-2 classes per month - Dates to be posted*)

Additional information about resources in the community to support your pregnancy

Prenatal Immunization and Support (Help protect your baby against whooping cough and connect with your Public Health Nurse.)