



Augusta Health
P.O. Box 1000
Fishersville, VA 22939v

Phone (540) 332-4000 Staunton
Phone (540) 932-4000 Waynesboro
Toll Free 1-800-932-0262
www.augustahealth.com

Childbirth & Prenatal Class Registration

Name _____

Due Date _____

Address _____

Home Phone _____

Daytime Phone _____

Name of Insurance _____

Does your insurance cover these classes? _____ Yes _____ No

Name of your Coach _____

Month you wish to attend _____

Check the class or classes you wish to attend:

_____ Childbirth Preparation Series

_____ Refresher

_____ Baby Basics

_____ Breastfeeding

_____ Infant CPR

_____ Sibling Class

If registering for our Sibling Class, please provide the name and age of each child attending:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Please return this form with payment to:

Augusta Health Community Wellness
Attn: Rhonda Clifton
PO Box 1000
Fishersville, VA 22939