

The Nanaimo Natural Mother & Baby Centre
Class Registration

Parent Info:

First Name: _____ Last Name: _____ M / F
 Parent Expecting Relative of Child Other _____
Street Address: _____ Apt. #: _____
City / Province: _____ PC: _____
Daytime / Evening Phone: _____ / _____
Email: _____

Child Info:

Child's Name or Due Date: _____
Child's Birthday: _____ M / F
Do you have any other children? Y / N

Class Info:

Class Name: _____
Is this your first class with us? Y / N If no, what else have you taken here?

Are there any programs, classes, or services not currently offered that you would like to see us provide?

How did you hear about us? _____

Are you a member of the Nanaimo Mother and Baby Society? Y / N
If no, are you interested in finding out more and / or joining? Y / N

Herewith I declare that I have given all the information correctly and truthfully and I know that neither the Nanaimo Natural Mother Centre nor its instructors can be held liable for any losses and / or damages of any kind.

Signature _____ Date _____

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Office Use Only:

Registration by: Phone Internet In person Mail Other _____

Amount: _____ Instructor: _____ Paid: Y / N

Member? Y / N Since: _____ Paid: _____

Notes:

