

Class Registration



- ❖ Please complete this registration form and return it to us with your payment.
- ❖ **Only** tours and sibling classes can be registered by fax. All others must be mailed or brought to the Seton Center.
- ❖ You may register for classes at the tour, however, you must be pre-registered for the tour you attend.
- ❖ Cash payments are not accepted at the tour.
- ❖ Classes are not reserved without payment. You will receive a confirmation notice with instructions of what to bring and directions on where to go for your classes.

Name: _____ Partner _____

Address: _____

City, State, Zip: _____

Telephone: Daytime _____ 2nd _____

Due Date: _____ OB Doctor's name _____

	Date 1st choice		Date 2nd choice	
Maternity Suites Tour _____	_____		_____	
Time (circle one) 7 pm/7:45 pm/either				(circle one) 7 pm/7:45 pm/either
# of tour attendees _____				
Childbirth Class _____				2 Attendees
Breastfeeding Class _____				2 Attendees
Infant Safety Class _____				2 Attendees
Sibling Class _____				
Child's Name _____				(circle one) Boy Girl
Child's Name _____				Boy Girl
Child's Name _____				Boy Girl
Child's Name _____				Boy Girl

Total Amount Due: \$ _____

Check # _____

Credit Card Payment

VISA



Name on Card _____ (Name on card must be class participant)

Card # _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

Exp. Date ____/____
Month/Year

Enter your Credit Card Identification Number _ _ _

(Your identification number is the 3-digit number found on the back of your credit card near the signature panel.)

(Cardholder Signature)

Mail to: Seton Center
3 Shircliff Way, Suite 320
Jacksonville, FL 32204

Fax: (904) 308-6355