



Harrison Memorial Hospital  
*a Regional Healthcare Facility*

www.harrisonmemhosp.com  
859-234-2300

## Childbirth Education Registration Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Support Person's Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

Obstetrician: \_\_\_\_\_

Date of Class signing up for: \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Night time Phone \_\_\_\_\_

- Payment must accompany registration form
- Make checks payable to Harrison Memorial Hospital (\$15 if delivering at HMH, \$30 if not delivering at HMH)
- Mail to: Harrison Memorial Hospital OB Department  
1201 Ky. Highway 36E  
Cynthiana, KY 41031
- Or stop by the registration desk on first floor between the hours of 7-6 or ER registration desk anytime.
- Recommended you bring a pillow and wear comfortable clothes
- Class times are from 5pm - 9 pm
- If you have additional questions, please leave a voice message at 859-234-2300 ext 4173, and your call will be returned within 24 hours.

<p>Official Use Only Date registration and payment received:</p>
--