



Harrison Memorial Hospital
a Regional Healthcare Facility

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
Attn: OB Department
1210 KY HWY 36E
Cynthiana, KY 41031
- Or stop by the registration desk on first floor between the hours of 6 a.m. – 5 p.m. and pay the cashier
- Recommended you bring a pillow and wear comfortable clothes
- Class times are from 4 p.m. – 7 p.m.
- If you have additional questions, please call 859-235-3540

Official Use Only
Date Registration and payment received: