



**Jeffery Hale
Saint Brigid's**
Une communauté de soins
A Community of Care

Registration form prenatal classes

Mother's name: _____

Partner's name: _____

Address: _____ Postal code: _____

Phone number: _____ Other phone number: _____

Mother's email address: _____

Partner's email address: _____

Mother's RAMQ (if applicable): _____ Expiry date: _____

Due date: _____

Is this your first child? Yes No

Are you expecting more than one baby? Yes No

Do you have access to a computer and Wi-Fi? Yes No

I prefer to take the class: Online In person

Will your partner attend the class with you? Yes No

Which session would you like to attend? February June October

After you have filled in the form, you have three choices to return it to us:



1. Save it to your computer and send it attached to an email:
jh-prenatal.ciusscn@ssss.gouv.qc.ca



2. Send it by regular mail to our mailing address:
Jeffery Hale Community Services in English
1250, Chemin Sainte-Foy
Québec (Québec) G1S 2M6



3. Bring it to the reception counter at entrance of the community Wellness Centre beside the hospital in the Jeffery Hale Pavilion:
1270, Chemin Sainte-Foy, Québec, G1S 2M4

If you have any questions about this form, please call 418 684-5333, ext. 11868.