

Registration form Prenatal Information Meetings

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

These meetings are held in collaboration with our partners at the community Wellness Centre.

- I agree to share my information with the Community Wellness Centre team so that their team may contact me to remind me about my upcoming Prenatal Information Meetings.
- Please keep me informed about the early childhood activities of the community Wellness Centre, including receiving their monthly Family Matters e-newsletter.

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. 11805.