



**PROMEDICA**  
**ST. LUKE'S HOSPITAL**

Family Birthing Center

Childbirth Education Classes

**Registration**

Expectant Mother's Name:

\_\_\_\_\_

Birthing Partner's Name:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physician/Midwife Name:

\_\_\_\_\_

Baby's Due Date: \_\_\_\_\_

\_\_\_\_ I plan to have my baby at  
ProMedica St. Luke's Hospital

\_\_\_\_ Other

Please send the entire registration form, along with \$75  
payment, to:

ProMedica St. Luke's Hospital  
Family Birthing Center  
ATTN: Childbirth Registration  
5901 Monclova Road  
Maumee, OH 43537

Method of Payment:

\_\_\_\_ Check \_\_\_\_ Money Order \_\_\_\_ Visa

\_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ AmExpress

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Note: The information you provide on this registration form is strictly  
confidential and will be used for scheduling and billing purposes only.*