

REGISTRATION FORM

I am interested in the following classes:

Early Bird Pregnancy

Childbirth Preparation

Healthy Beginnings

Refresher Course

Breastfeeding

Boot Camp for
New Dads

Due Date _____ Which Pregnancy? _____

Name _____

Coach _____

Doctor _____

Mailing Address _____

City, State, Zip Code _____

Phone # _____

You will be contacted for more specific information
concerning the dates and times of the classes
that you have expressed an interest in attending.

Please complete this registration
Form today and return to:

KRMC
Education Dept.
3269 Stockton Hill Rd.
Kingman, AZ 86401