REGISTRATION FORM

Please register early in your pregnancy.

Mail this form with payment and a stamped, self-addressed envelope (for US mail confirmations) to:

Expectant Parents Organization

271 Woodland Pass, Suite 214, East Lansing, MI 48823

Phone: 517-337-7365 Fax: 517-337-7584

Woman's First & Last Name	Age	Race:	☐ African American	☐ Multi or Bi-Raci		
			☐ Caucasian (White)	☐Hispanic	☐ Married ☐ Single ☐ Widowed	
			☐ Native America	□Asian	□Divorced	
			☐ Other			
Partner's First & Last Name	Age	Race:	☐ African American	☐ Multi or Bi-Raci	al Combined Family Income	
			☐ Caucasian (White)	☐Hispanic	□\$ 0-24,000 □\$42,001-51,000	
			☐ Native America	□Asian	\Box \$24,001-33,000 \Box \$51,000 or above	
			\square Other		□\$33,001-42,000	
Address			City	Z	Zip Code County	
Home Phone	Work	Phone	Email Address		☐ Please confirm my registration by email	
					☐ Please confirm my registration by US mail	
Due Date		First Baby Physicia		an/Midwife	Hospital of Delivery	
	□Yes	\square No				
Woman's Education				Woman's Occupa	ation	
Partner's Education				Partner's Occupation		
Health Insurance □Ph	ysicians Health Pla	n (PHP)	□ Sparrow Phys	icians Health Netwo	rk (SPHN)	
Group #		Sub	scriber #	E	Birth Date of Cardholder	
			Class or Series Start Date (v		Payment Method: Check VISA MasterCard	
☐ Four-Week Evening Basic Pre	natal Combo		•	., , . 0,		
☐Three-Week Saturday Basic Prenatal Combo					Name of Card:	
□One-Day Saturday Prenatal S						
□ Four-Week Natural Birth Series					Card Number	
☐ Four-Week Best Newborn Ca						
☐ Newborn Care & Feeding					Expiration Date:	
☐Teen Prenatal Series						
□eClass Prenatal Program					Signature	
☐ Breastfeeding Class						
☐ Parents Expecting Multiples (Class				☐ I would like information about financial assistance sent to me.	
☐ Labor & Delivery Refresher					☐ I would like to make a tax-deductible contribution to support the	
☐ Sibling Class (List children's					EPO Scholarship Fund.	
first & last names & ages					Class Faces	
☐ Grandparents Class					Class Fees: \$ Scholarship Fund Contribution: \$	
					Janoiaramp Funa Continuation. β	
					Total: \$	