

**HIGHLAND HOSPITAL OB EDUCATION**  
**REGISTRATION FOR CLASSES**

Please complete this form and return with payment. You will receive confirmation of your classes by email or mail.

Your Name: \_\_\_\_\_

Class Companion's Name: \_\_\_\_\_

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

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

Phone (Home): \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_

Email \_\_\_\_\_

Hospital for Birth: \_\_\_\_\_ Due Date: \_\_\_\_\_

Ob/Gyn or Family Practice Doctor: \_\_\_\_\_

Health Care Insurance & ID Number: \_\_\_\_\_

1) Class: \_\_\_\_\_ Fee: \_\_\_\_\_  
Preferred Dates: \_\_\_\_\_

2) Class: \_\_\_\_\_ Fee: \_\_\_\_\_  
Preferred Date(s): \_\_\_\_\_

You may pay by credit card, cash, check or money order payable to Highland Hospital OB Education

VISA/MC/Discover#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_

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Please Return To: Highland Hospital Family Classes  
1000 South Ave., Box 112  
Rochester, NY 14620

Contact Highland's Family Classes at (585) 473-2229 or  
[hhclasses@urmc.rochester.edu](mailto:hhclasses@urmc.rochester.edu)