Please register early in your pregnancy. Expectant Parents Organization Phone: 517-887-7000

Please mail this form with payment and a stamped, self-addressed envelope (for US mail confirmations) to: EPO 3315 S Pennsylvania Ave, Lansing MI 48910

*REQUIRED INFORMATION*

| **Mother’s First & Last Name:** _____________________________ | **Age:** __________ |
| Race: | Marital Status: |
| □ African American □ Multi or Bi-Racial □ Caucasian (White) □ Hispanic | □ Married □ Single □ Widowed |
| □ Native American □ Asian □ Other _____________________________ | □ Divorced |

| **Partner’s First & Last Name:** _____________________________ | **Age:** __________ |
| Race: | Combined Family Income: |
| □ African American □ Multi or Bi-Racial □ Caucasian (White) □ Hispanic | □ $0-24,000 |
| □ Native American □ Asian □ Other _____________________________ | □ $24,001-33,000 |

Address _____________________________ City ______ Zip Code ______ County _____________

*Home/Cell Phone(_______) Work Phone(_______) - *Email Address__________________________

*Due Date __________________ First Baby? □ Yes □ No Twins? □ Yes □ No Physician/Midwife _____________________________ Hospital of Delivery__________________________

Mother’s Education ______________________ Mother’s Occupation ______________________

Partner’s Education ______________________ Partner’s Occupation ______________________

Health Insurance: □ Physicians Health Plan (PHP) □ Sparrow Physicians HealthNetwork (SPHN) □ _____________________________

Group # _____________________________ Subscriber # _____________________________ Birth Date of Cardholder _____________________________

Check Class and enter Series Start Date

□ Prenatal Series (Evening) _____________________________ □ (Saturday Morning) _____________________________

□ One-Day Saturday Prenatal Seminar _____________________________

□ Labor & Delivery _____________________________

□ Labor & Delivery Express _____________________________ □ e-Class Prenatal Program

□ Best Newborn Care Class Ever _____________________________

□ Infant Safety 101 _____________________________ □ Breastfeeding Class _____________________________

□ Childbirth Comprehensive: □ Labor & Delivery _____________________________ □ Best Newborn Care Class Ever _____________________________

Payment Method: □ Check □ VISA □ MasterCard

Name on Credit Card: _____________________________

Card Number _____________________________ - - - - - - - - - - -

Three digit security code: _______ Expiration Date: _______ / _______

Signature _____________________________

□ I would like information about financial assistance sent to me.

□ I would like to make a tax-deductible contribution to support the EPO Scholarship Fund.

Class Fees: $ ___________ Scholarship Fund (tax deductible) Donation: $ __________

Total: $ _______________________