Saskatchewan Health Authority

Prenatal Education Registration Form

To assist us in meeting your individual needs, and to register you in classes, **it is important that you complete this form** and return it as soon as possible to:

Prenatal Class Registrar
West Winds Primary Health Centre
3311 Fairlight Drive
Saskatoon, SK S7M 3Y5
Fax to: 306-655-4899 or email: prenatal@saskhealthauthority.ca

The date, time and location of your classes will be confirmed by email.

Name (mother): _____ **Name (partner):** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone:** _____

Due Date (dd-mmm-yyyy): _____

Email address: _____

Please indicate your preference for the classes:

For dates, go to https://momsandkidssask.saskhealthauthority.ca/pregnancy-birth-newborns/prenatal-care-support/prenatal-education/specific-location-information

☐ **Evening Series** – one evening a week for 3 weeks (6:30 p.m. – 9:30 p.m.)

Wednesday	☐ Sherbrooke Community Centre	Preferred Dates: _____
Thursday	☐ West Winds Primary Health Centre	

☐ **Weekend Workshop –** Friday (6:30 p.m. – 9:30 p.m.) and Saturday (9 a.m. – 4 p.m.)

Location: West Winds Primary Health Centre Preferred Dates: _____

☐ **On-line Classes –** unlimited access for 270 days

If you have any questions about the classes, please **call 306-655-4800**