



# Lambton Public Health

## PRENATAL CLASS REGISTRATION FORM

Baby's Due Date:

### Mom's Information

Last Name:

First Name:

Telephone:

Mom's DOB:

### Mailing

Address:

*Street (include Apt. # and/or Box #)*

*City/Town*

*Postal Code*

Email:

### Partner/Labour Support Person Information

Last Name:

First Name:

Class Location:

Class (series) Start Date:

Where did you hear about prenatal classes?

### Fee Reduction Request

I can pay full fee \$75

I can pay a reduced fee of \$37.45

I cannot pay fee

I consent to the release of information on this registration form to Lambton Public Health. Program staff may contact me with additional information about community resources and programs that could be helpful to me and my baby.

Signature:

Date:

I understand that the treatment, storage and handling of my personal information is governed by the Personal Health Information Protection Act, 2004 S.O. 2004, Ch. 3. Questions regarding this collection should be directed to the Freedom of Information Coordinator, 789 Broadway St., Wyoming, ON N0N 1T0, 519-845-0809.

## First Trimester Kit

Call to receive your **free** first trimester kit. It's filled with valuable information to help you with your pregnancy.

### Questions?

#### 📞 Call:

519-383-8331 ext. 3573

Toll free: 1-800-667-1839

#### ✉ Email:

prenatal@county-lambton.on.ca

Classes are held at:

#### (1) Lambton Public Health (LPH)

160 Exmouth Street

Point Edward, ON N7T 7Z6

#### (2) North Lambton Community Health Centre (NLCHC)

59 King Street

Forest, ON N0N 1J0

#### (3) West Lambton Community Health Centre (WLCHC)

429 Exmouth Street

Sarnia ON N7T 5P1

View the schedule posted online at [www.lambtonhealth.on.ca](http://www.lambtonhealth.on.ca) for dates and times at these locations.