



Palmetto Health Class Registration Form

Name: _____ Date of Birth: _____

Father/Coach: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Home Phone _____ Work Phone: _____
 Best Time to Call _____

Baby's Due Date: _____ OB/Gyn: _____
 Where do you plan to deliver? _____

Children's Names

_____ Date of Birth: _____
 _____ Date of Birth: _____
 _____ Date of Birth: _____

Please list which class you wish to attend:

Class Name	Date/Time	Location	#People	Fee
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$

Total Amount Enclosed \$ _____

Make check or money order payable to Palmetto Baptist or Palmetto Richland and mail to:

CareCall
 Palmetto Health Information Technology
 7909 Parklane Rd.
 Suite 400
 Columbia, SC 29223

For any questions call CareCall at: (803) 296-2273
 E-mail us at: callcenter@palmettohealth.org