

OTOROHANGA PARENTS CENTRE

REGISTRATION FORM

NAME..... SUPPORT PERSON.....

ADDRESS.....

PHONE..... AGE..... DATE OF BIRTH.....

NHI NO..... DUE DATE.....

WEEKS PREGNANT AT START OF COURSE.....

MIDWIFE/DOCTOR.....

ETHNICITY..... START DATE.....

WHERE DID YOU HEAR ABOUT THE CLASSES.....

( Information supplied is confidential & requested to meet ministry of health requirements)

POST TO: - OTOROHANGA PARENTS CENTRE, C/O 4 KENT ST, TE KUITI

OR PHONE: - LINDSAY POOLEY - 07 878 7451

ANITA BAIN - 07 873 8181