

Childbirth Education



5-Week Series, Tuesday Evenings 7:00-9:00 pm
Samaritan Hospital 4th Floor
Cost - \$65 (includes coaching partner)
For more information call 509-793-9690

Samaritan Healthcare's Childbirth Preparation classes are designed to support expectant parents with helpful information pertaining to pregnancy, delivery, and newborn care.

Recommend starting the series no later than 32 weeks of pregnancy

2019 Class Schedule

January 8 - February 5

February 26 - March 26

May 7 - June 4

July 9 - August 6

September 3 - October 1

November 5 - December 3

Our Certified Childbirth Educators

Britney Cranston, CCE, CLC

Cassandra Partridge, RN, IBCLC

SamaritanHealthcare.com



#1 Am Samaritan

 **SAMARITAN
HEALTHCARE**
All of us, for each of you, every time.

Registration - Prepared Childbirth Education

First Name _____ Last Name _____ Middle Initial _____

Address: _____

Phone Number: _____

Chosen Class Date: _____

Due Date: _____ First Pregnancy? Yes No

Physician: _____

Expectant Mother's Date of Birth* _____ Social Security #* _____

*Required for Medicaid Payment

Payment

Due in advance and non-refundable within 3 days of class.

- Check (*payable to Samaritan Healthcare*)
- Medicaid (Apple Health/Provider One) Please enclose copy of your card(s) & complete "Freedom of Choice" below.
- Credit Card: Visa MC Discover

Card # _____ CVV# _____ Expiration Date: _____

Signature of authorized cardholder

Please mail registration with payment to

Samaritan Healthcare
Education Department
801 E Wheeler Road
Moses Lake, WA 98837
or email to [mighthel@samaritanhealthcare.com](mailto:mightel@samaritanhealthcare.com)

Freedom of Choice

(Please complete if you are using Apple Health/Provider One)

Samaritan Healthcare offers childbirth preparation classes that meet the requirements for Washington Apple Health (Medicaid) participants. These educational services are available through Samaritan Healthcare or through another program of your choice. At your request, we can provide you with information about other Medicaid-approved childbirth preparation programs in the area.

- I would like to receive childbirth education through Samaritan Healthcare.

Expectant Mother's Signature _____

Date: _____