

PPREP™ REGISTRATION FORM

Please print and complete form in full

PARTICIPANT INFORMATION

MOTHER:

PARTNER:

MAILING ADDRESS, CITY, POSTAL CODE:

EMAIL:

CELL: ()

EMERGENCY CONTACT:

HOW MANY WEEKS PREGNANT?



ATELIER INFORMATION

NAME OF ATELIER: **PPREP™ CHILDBIRTH CLASSES**

CHOOSE YOUR PPREP ATELIER:

- | | |
|---|--|
| <input type="checkbox"/> GROUP WEEKEND PPREP INTENSIVE (2 DAYS) | <input type="checkbox"/> PRIVATE PPREP WORKSHOP |
| <input type="checkbox"/> GROUP WEEKDAY PPREP SOIRÉES (5 DAYS) | <input type="checkbox"/> SEMI-PRIVATE PPREP WORKSHOP - up to 3 couples |

IF YOU CHOSE A GROUP ATELIER, PLEASE SELECT CLASS DATES FROM THIS LIST BELOW:

A. 2017 2 x SUNDAY INTENSIVES

10h - 15h30

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> MAY 7, 21 | <input type="checkbox"/> SEP 10, 17 |
| <input type="checkbox"/> JUN 4, 11 | <input type="checkbox"/> OCT 22, 29 |
| <input type="checkbox"/> JUL 23, 30 | <input type="checkbox"/> DEC 3, 10 |

B. 2017 5 x WEDNESDAY SOIRÉES

18h30 - 21h

- | |
|---|
| <input type="checkbox"/> APR 19, 26 & MAY 3, 10, 17 |
| <input type="checkbox"/> JUN 7, 14, 21 & JUL 5, 12 |
| <input type="checkbox"/> SEP 13, 20 & OCT 2, 11, 25 |
| <input type="checkbox"/> NOV 8, 15 & DEC 6, 13 |

PAYMENT INFORMATION

I understand that UNPAID BALANCES ARE DUE 5 DAYS BEFORE THE START OF MY ATELIER

- | | |
|---|----------|
| <input type="checkbox"/> PAYING IN FULL FOR MY GROUP ATELIER (250 + 12.50 GST + 24.90 PST) | \$287.50 |
| <input type="checkbox"/> PAYING DEPOSIT TO RESERVE MY PLACE IN THE ATELIER | \$50 |
| <input type="checkbox"/> PAYING IN FULL FOR MY PRIVATE ATELIER (400 + 20 GST + 39.90 PST) | \$459.90 |
| <input type="checkbox"/> PAYING IN FULL FOR MY SEMI-PRIVATE ATELIER (325 + 16.25 GST + 32.40 PST) | \$373.65 |
| <input type="checkbox"/> PAYING FOR REFRESHER MODULE (100 + 5 GST + 10 PST) | \$115 |

HOW WILL YOU BE PAYING?

- BY INTERAC TRANSFER: Email FSS@AGOOMD.COM
- BY CREDIT CARD, OVER THE PHONE: Call Family & School Services at 450-687-6888 x 113
5% surcharge applicable on credit card payments



Family & School Services
3230 Boulevard Curé-Labelle #305
Laval, QC H7P 0H9

fss@agoomd.com
(450) 687 6888 x113
agoomd.com



montréalMT.com