



# HAMILTON PARENTS CENTRE CHILDBIRTH EDUCATION ENROLMENT FORM

Hamilton PC  
P O Box 1494  
Hamilton  
07 853 6110

*This information will be used for the purposes of Parents Centre membership and programmes.  
Individuals may view and correct information held about them by contacting the membership officer for their centre.*

## Your Details:

.....	.....	.....	.....
Title	First Name	Middle Name	Surname
.....	.....	.....	.....
Preferred Name	.....		Birth date
.....	.....		.....
Occupation	.....		.....
Ethnicity: .....	.....		NHI No. ....
Mailing Address	.....		Street Address (if different)
.....	.....		.....
.....	.....		.....
City	Postcode	City	Postcode
.....	.....	.....	.....
Preferred Phone	Alternative Phone	Cell Phone	
.....	.....	.....	
Fax	E-Mail (please remember to update this, particularly if it's your work one)		

## Partners Details:

.....	.....	.....	.....
Title	First Name	Middle Name	Surname
.....	.....	.....	.....
Preferred Name	.....		Birth date
.....	.....		.....
Occupation	.....		Ethnicity

## Due Date:

## Lead Maternity Carer:

## Antenatal Courses:

**Please make cheques payable to "Hamilton Parents Centre"**

\$95 for 7wk CBE Course (No membership)

With 1 yr membership \$195.00

Includes: 7 wk CBE Course, 5 wk Baby & You Course & Membership

With 2 yr membership \$240.00

Includes: 7 wk CBE Course, 5 wk Baby & You Course & Membership

For Internet Banking our details are: Westpac Trust 03-1557-0019969-00

Please use surname and 'New CBE' as reference e.g. SMITH New CBE.

*All prices GST Inclusive*

*GST No: 55-214-034*

- **How did you hear about Parents Centre/CBE classes?** .....
  - **Are you interested in helping with courses/committee work etc?** Yes/No/Maybe in the future
- Please tick if you do not wish to receive offers from carefully screened companies in whose products or services we think you may be interested.

## OFFICE USE ONLY

Effective Date: .....

Amount Paid: .....

Receipt No: .....

Loaded to database: .....

Membership No: .....

Memb. Type: .....