

**Children's National Medical Center**  
**Advocacy and Community Affairs**  
**Community Education Program**  
 2233 Wisconsin Ave., NW, Suite 317,  
 Washington, DC 20007

**REGISTRATION FORM**

*Please complete and mail with payment to address above*

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female

Name of parent if participant is a child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name	Date	Location

*How did you hear about us?*

Web site   
  On-hold message   
  Previous participant   
  Other: \_\_\_\_\_

*For Infant Care Workshops ONLY:*

1. Are you pregnant?     Yes     No    If *yes*, when is your delivery date? \_\_\_\_\_

2) What is your relation to the infant? \_\_\_\_\_

**Registration must be received TWO weeks prior to class date!**

- Thank you for registering for a Community Education Class. Pre-registration and pre-payment are required. Please make payment to **Children's National Medical Center**.
- Call 202-471-4888 for registration or cancellation. All cancellations must be received 48 hours prior to the class date to receive a refund.
- Registration is first come first serve.
- Children's reserves the right to cancel classes for insufficient enrollment.

