Mercy Medical Center Redding
A member of CHW

Healthline and Physician Referral
Kimberly Trumbull
2175 Rosaline Ave.
Redding, CA 96001
(530) 225-6490
ktrumbul@chw.edu

Material Child Safety Class Registration Form

_____ _____
First Name, Last Name DOB

_____ _____
Address Zip Code

_____
Phone Number

_____ _____/ _____/ 200_____
OB/GYN or Primary Physician Name Due Date

_____
Insurance

Class

Childbirth Prep Tues Wed Thu ($50)

Starting date _____ & please circle appropriate day of week for class

Breastfeeding date_____

Car Seat safety date_____ 7-9PM ($25)

Childbirth Refresher date_____ 7-9PM (varies) ($25)

C-section date_____ 7-9PM (varies) ($25)

Infant Safety date _____ 7-9PM (Thurs) FREE

Mat. Tour 3rd Sunday of each month date _____ 2-3PM FREE

Please e-mail form with class information to ktrumbul@chw.edu or fax to 242-5217.