

Registration Form for Parent Education Programs

Expectant mother's name _____ Date of Birth _____

Partner's name _____ Date of Birth _____

Address _____ Town _____

County _____ Zip Code _____ Home Phone # _____

Mother's Cell # _____ Partner's Cell # _____

Email _____ Baby's due date _____

Doctor or midwife's name _____

Hospital or Birthing Center _____

Childbirth/Lamaze: Plan to end course at least 4 weeks before due date.

\$175 Standard Course Date: _____

\$150 One-Day Intensive Course Date: _____

Breastfeeding Classes

\$35 Breastfeeding – special class for “Moms” only Date: _____

Baby Basics Classes

\$40 Baby Basics – expectant mother and partner Date: _____

\$15 per class for one grandparent Date: _____

\$10 for each additional grandparent Date: _____

Pre-Natal Yoga

\$120 for all eight weeks Date: _____

Just for Dads

\$35 Just for Dads Date: _____

Sibling Preparation Classes*

\$35 Sibling Preparation Sibling Class Date: _____

\$25 Sibling Class for each additional child Date: _____

Additional Programs

Car Seat Safety Check (Free) Date: _____

Babies and Pets (Free) Date: _____

Baby's First Six Months (Free) Date: _____

New Moms Group (Free) Date: _____

Calling all Grandparents (Free) Date: _____

Grandparents Name(s) _____

Address _____ Phone # _____

Call (973) 831-5475 for information about other events and services.

ADDITIONAL INFORMATION

*Sibling Class for big brothers and sisters – please note: child must be three years or older. First and last names of siblings:

_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

FUTURE PROGRAMS:

May we continue to send you information about future parenting programs, services and classes? You have our assurance that under Chilton Memorial Hospital’s Privacy Policy, no information of any nature concerning class participants is ever shared by the Parent Education Department. Yes No

I would like to continue to receive information from the Parent Education Department concerning future programs, car seat safety inspections and services for families.

Signature _____

PAYMENT OPTIONS:

Full payment is required with mail-in, faxed and telephone registration. All fees include a non-refundable processing fee. There are no refunds after the first class. Gift certificates are available for all programs and seminars.

- Enclosed is my check made payable to Chilton Memorial Hospital.
- Please charge \$ _____ to my credit card.
- MasterCard Visa Discover American Express

Name on Card _____

Card Number _____ Exp. Date _____

Signature _____

Billing address if different from home address _____

Mail to: **Community Outreach**
 Parent Education Department
 Chilton Memorial Hospital
 97 West Parkway
 Pompton Plains, NJ 07444

Fax to: (973) 831-5328
Faxed registrations must be
paid with credit card.

Questions? Call (973) 831-5475 for details.