

## Registration Form for Parent Education Programs

Expectant mother's name \_\_\_\_\_ Age \_\_\_\_\_ Work or Cell \_\_\_\_\_

Partner's name \_\_\_\_\_ Age \_\_\_\_\_ Work or Cell \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Baby's due date \_\_\_\_\_ Doctor or midwife's name \_\_\_\_\_

Hospital or Birthing Center \_\_\_\_\_ Year of previous childbirth course \_\_\_\_\_ Ages of expectant mother's children \_\_\_\_\_

Ages of this partner's children \_\_\_\_\_ I wish to register for the following course(s):

### Exercise: PreNatal Yoga

\$120 Standard Course Date: \_\_\_\_\_

### Mommy and Me Yoga

\$120 Standard Course Date: \_\_\_\_\_

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

\$140 Standard Course Date: \_\_\_\_\_

\$155 Concentrated Course Date: \_\_\_\_\_

### Infant Care and/or Breastfeeding Classes

\$35 Breastfeeding – Special class for “Moms” only Date: \_\_\_\_\_

\$35 Infant Care – Expectant mother and partner Date: \_\_\_\_\_

\$15 per class for one grandparent – Infant Care Only Date: \_\_\_\_\_

\$10 for each additional grandparent – Infant Care Only Date: \_\_\_\_\_

### Just for Dads

\$35 Just for Dads Date: \_\_\_\_\_

### Evening with a Pediatrician

FREE \_\_\_\_\_ Date: \_\_\_\_\_

### Parenting Courses

\$35 Sibling Preparation Sibling Class Date: \_\_\_\_\_

\$55 Happiest Baby on the Block Date: \_\_\_\_\_

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

\$25 Parenting the New Horizon Date: \_\_\_\_\_

\$5 Loving Without Spoiling Date: \_\_\_\_\_

\$5 Healthy Meals for Kids Date: \_\_\_\_\_

Babies and Pets Date: \_\_\_\_\_

(Free program)

Grandparents Class Date: \_\_\_\_\_

(Free program)

Childhood Sleep Disorders Date: \_\_\_\_\_

(Free program)

### Additional information

\*Sibling Class for Big Brothers & Sisters Please Note: Child must be 3 years or older. First and last names of Siblings:

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

*Please indicate any special circumstances for any program.*

### FUTURE PROGRAMS

May we continue to send you information about future parenting programs, services and classes? You have our assurance that under Chilton Memorial'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

Payment options include full payment with mail-in or faxed registration, and telephone registration. All fees include a non-refundable processing fee. Generally, 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  Am. Express Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_ 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.



A letter confirming dates, times and location of your classes will be mailed to you. **Questions? Call (973) 831-5475 for details.**