

## 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: \_\_\_\_\_

### **Evening with a Pediatrician**

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

### **Pre-Natal Yoga**

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

### **Just for Dads**

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

### **Sibling Preparation Classes**

\$35 Sibling Preparation for one child Date: \_\_\_\_\_

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

### **Additional Programs:**

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

FREE

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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

FREE

**Car Seat Safety Check** Date: \_\_\_\_\_

FREE

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

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

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