

Cooperman Barnabas Medical Center

Women's Health Education/Parent Education Registration Form

Please complete form and email to Teresa.Lastella@rwjbh.org or call 973-322-5360

Patient Name: _____ Age: _____

Partners Name: _____

Full Address: Street _____

City/Town/Zip _____

Email: _____

Cell number: _____

OB/GYN: _____ Due Date: _____

Class Selection

Virtual Childbirth Series/Newborn Care - \$150.00

Preference: Evenings Full day Saturday Full day Sunday

Virtual Cesarean Preparation/Newborn Care - \$40.00

IN-PERSON, Full day, Childbirth Series & Newborn Care - \$150.00

Private 1:1 with a Childbirth Educator - \$300.00

Virtual Grand-parenting Class - \$40.00

Payment

Check # _____

Credit Card Number: _____

Name on Credit Card: _____

Expiration date: _____ Auth Code: _____ Total: \$ _____

February 2024