

**Saint Barnabas Medical Center
Women's Health Education/Parent Education Virtual Class
Registration Form**

Please complete registration form and fax to 973-322-9784 or call 973-322-5360.

Patient's Name: _____ Age: _____

Partner's Name: _____

Full Address: Street _____

City/Town Zip _____

Email Address: _____

Cell Number: _____

OB/Gyn: _____ Due Date: _____

Class Selection

Breastfeeding Class - \$30.00

Childbirth Series/Newborn Care - \$75.00

Preference: Evening Full Day Saturday Full Day Sunday

Private 1:1 with a Childbirth Educator - \$200.00

Payment

Check Number: _____

Credit Card Number: _____

Name on Credit Card: _____

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

For OFFICE USE ONLY:

Class Date:

Books Sent:

Credit Card Charged:

April 2021