# *Jersey City Medical Center*
# *RWJBarnabas Health*

## Prenatal Breastfeeding Classes
## 2018 Schedule

**Program will include**: 2 hrs combination lecture and movie presentations. Class is held every month.

***Topics***:
- ♦ How Breastfeeding Works
- ♦ Latching On and Positioning
- ♦ When to Feed Your Baby
- ♦ How Much is Enough?
- ♦ Breast Care

•Fee: $35.00 **CASH or CHECK**/per couple.

**Registration Forms** MUST be filled out 2 weeks prior to the class date.

| | | 2018 Class Dates | | |
|---|---|---|---|---|
| **January 16, 2018** | | | **July 17, 2018** | |
| | | | | |
| **February 20, 2018** | | | **August 21, 2018** | |
| | | | | |
| **March 20, 2018** | | | **September 18, 2018** | |
| | | | | |
| **April 17, 2018** | | | **October 16, 2018** | |
| | | | | |
| **May 15, 2018** | | | **November 13, 2018** | |
| | | | | |
| **June 19, 2018** | | | **December 18, 2018** | |
| **All classes are held in the JCMC 4 East conference room 6 - 8 PM** | | | | |

Contact for any question:
Class Registration: 201-521-5900
April Major, RN IBCLC
Email april.major@rwjbh.org

# Jersey City Medical Center
# Breastfeeding Education Class
# Registration Form

Please complete and return with the registration fee either check or cash at least 2 weeks before the class to:
Mail: April Major, RN IBCLC
Jersey City Medical Center
355 Grand Street Jersey City, NJ 07302
Hand Delivery: Make arrangements by calling April Major @ 201-521-5900

Cost: $35.00 per couple CASH or CHECK.
Checks made payable to:

***Jersey City Medical Center***

Class/Date: _____

Name: _____

Date of birth: _____

Address: _____

_____

_____

Telephone# _____

Cell# _____

Email: _____

Physician/Midwife: _____

Due Date: _____

Signature: _____

Coach/Support Person_____

Any prior Medical Condition:_____

Any Questions please call:
Class Registration: 201-521-5900
April Major, RN IBCLC
Email: april.major@rwjbh.org