

# Cooperman Barnabas Medical Center

## Women's Health Education/Parent Education

### Registration Form

Please complete form and email to [Teresa.Lastella@rwjbh.org](mailto:Teresa.Lastella@rwjbh.org)

Fax to 973-322-9784 or call 973-322-5360

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Full Address: Street \_\_\_\_\_

City/Town/Zip \_\_\_\_\_

Email: \_\_\_\_\_

Cell number: \_\_\_\_\_

OB/GYN: \_\_\_\_\_ Due Date: \_\_\_\_\_

#### Class Selection

Virtual Breastfeeding Class - \$40.00

Virtual Childbirth Series/Newborn Care - \$95.00

Preference:  Evenings  Full day Saturday  Full day Sunday

Virtual Cesarean Preparation/Newborn Care - \$40.00

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

\*All Classes are taught with a certified childbirth educator/lactation consultant.

#### Payment

Check # \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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