

Parent Education Department

Classes 2011 - 2012

Phone: 732.745.8579 • Fax: 732.249.7204

PLEASE CHECK CHOICES DESIRED:

- Complimentary Maternity Tour* for the Expectant Couple Only** *Free*
Please call in your 6th month of pregnancy to schedule a tour.
- Prenatal Yoga and Exercise Class**
4 consecutive Wednesdays (7:00 - 8:30 p.m.) *\$60.00*
4 consecutive Fridays (7:00 - 8:30 p.m.) *\$60.00*
- PREPARED CHILD BIRTH / LAMAZE (Includes a Tour)**
- Single Day Prepared Childbirth / Lamaze** *\$135.00* (includes lunch) per couple
(___ Saturday or ___ Sunday • 9:00 a.m. - 5:00 p.m.)*
- Weeknight, four consecutive weeks** *\$110.00* per couple
___ Monday (7:00 - 9:30 p.m.)
___ Thursday (7:30 - 10:00 p.m.) Please indicate 1st and 2nd choice.
- Marvelous Multiples** *\$80.00* per couple
(Monday evenings, three consecutive weeks • 7:00 - 9:30 p.m.)
- Child Birth Refresher Course** *\$55.00* per couple
(Two Thursdays • 7:00 - 9:30 p.m.) *or* (Two Mondays • 7:00 - 9:30 p.m.)
- Baby Care** (Two consecutive Mondays or one Saturday — Includes light refreshments) *\$50.00* per couple
___ Monday (7:00 - 9:30 p.m.) ___ Saturday (Noon - 4:00 p.m.)
Please indicate 1st and 2nd choice.
- New Daddy Class** *\$25.00* per dad
(Last Thursday of the month • 7:00 - 9:00 p.m.)
- Breastfeeding** (Once a month on a Saturday morning) 9:00 - 11:30 a.m. *\$35.00* per couple
- Grandparents Class** (First Thursday, every three months • 4 - 6:00 p.m.) *\$25.00* per person or *\$40.00* per couple
- Sibling Preparation** (Saturday morning) Once a month (Tour included) *\$20.00* per child with a parent
Name and age of child _____
___ Sibling Class (10:00 - 11:00 a.m.)
- Infant Massage Class** First Wednesday evening every other month *\$35.00* for an infant 6 months or younger and an adult.

BIRTHING BUNDLE – ONE DAY CHILDBIRTH CLASS AND BABY CARE CLASS FOR \$180

After you have your baby, you are invited to attend our New Family Support Group, Breastfeeding Support Group and Infant Massage Class. Registration Required.

COMING SOON! PREPARATION FOR CHILDBIRTH ON-LINE

Please complete and mail with check payable to: Saint Peter's University Hospital, c/o Parent Education Department, 254 Easton Avenue, P.O. Box 591, New Brunswick, N.J. 08903-0591 or call 732-745-8579 to pay by credit card.

Name _____
Last Mother's First Coach's First (+ last if different from mom's)

Address _____
No. Street

City State Zip

Phone _____
Daytime Evening Cell

Email Address _____

Physician _____

Due Date _____

***CANCELLATIONS.** A \$25.00 NON-REFUNDABLE REGISTRATION FEE IS DEDUCTED FROM YOUR PAYMENT FOR ALL CLASS CANCELLATIONS.

PHYSICIAN'S APPROVAL

has my permission to participate in the childbirth classes and exercises.

M.D.

Physician's Comments _____

OFFICIAL USE ONLY

Date Rec. _____ Amt. _____

Permission Slip Yes No

Receipt No. _____ Date _____

Letter Sent _____
Date _____

Class Dates & Room No. _____

