

Parent Education Department

2014 Classes

Phone: 732.745.8579 • Fax: 732.249.7204

PLEASE CHECK CHOICES DESIRED:

Complimentary Maternity Tour is available on our website. Visit saintpetershcs.com/maternity-tours.

☐ **Prenatal Yoga and Exercise Class**

4 consecutive Wednesdays, 7:00 p.m. - 8:30 p.m.

\$60.00

4 consecutive Fridays, 7:00 p.m. - 8:30 p.m.

\$60.00

PREPARED CHILDBIRTH / LAMAZE (Includes a tour)

☐ **Single-Day Prepared Childbirth / Lamaze**

\$150.00 (includes lunch) per couple

____ Saturday or ____ Sunday • 9:00 a.m. - 5:00 p.m.

☐ **Weeknight, four consecutive weeks**

\$120.00 per couple

____ Monday, 7:00 p.m. - 9:30 p.m.

____ Thursday, 7:00 p.m. - 9:30 p.m. Please indicate first and second choice.

☐ **Marvelous Multiples**

\$80.00 per couple

Monday evenings, three consecutive weeks • 7:00 p.m. - 9:30 p.m.

☐ **Childbirth Refresher Course**

\$55.00 per couple

Two Thursdays • 7:30 p.m. - 10:00 p.m. *or* Two Mondays • 7:00 p.m. - 9:30 p.m.

☐ **Baby Care** (Two consecutive Mondays or one Saturday)

\$50.00 per couple

____ Monday, 7:00 p.m. - 9:30 p.m. ____ Saturday, 9:00 a.m. - 1:00 p.m.

Please indicate first and second choice.

☐ **New Daddy Class**

\$30.00 per dad

Last Thursday of every other month • 7:00 p.m. - 9:00 p.m.

☐ **Breastfeeding** Once a month on a Saturday morning, 9:00 a.m. - 11:30 a.m.

\$40.00 per couple

☐ **Grandparents Class** First Thursday, every three months • 4:00 p.m. - 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 _____

\$10.00 additional sibling

____ Sibling Class (12:30 p.m. - 1:30 p.m.)

☐ **Infant Massage Class** First Wednesday evening, every other month

\$35.00 for an infant six months or younger and an adult.

BIRTHING BUNDLE – ONE DAY CHILDBIRTH CLASS AND BABY CARE CLASS FOR \$190

After you deliver your baby, you are invited to join our Breastfeeding Support Group, New Family Support Group, and Infant Massage Class. Registration required.

Please complete and mail with check payable to: Saint Peter's University Hospital, c/o Parent Education Department, 254 Easton Avenue, New Brunswick, NJ 08901 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. REFUNDS WILL BE GIVEN FOR MEDICAL REASONS ONLY WITH A PHYSICIAN'S NOTE.**

OFFICIAL USE ONLY

Date Rec. _____ Amt. _____

Receipt No. _____ Date _____

Letter Sent _____
Date

Class Dates & Room No. _____
