

Please print this form, complete, and send in to register for classes

REGISTRATION

Complete and mail this form, with payment in full to:

Parenting and Childbirth Education Services
 Hunterdon Medical Center
 2100 Wescott Drive
 Flemington, NJ 08822-4604

Or scan and email to:
flewaine@hhsnj.org

Please make checks payable to Hunterdon Medical Center. You will receive confirmation by email prior to your scheduled class. All prices are per couple, and effective January 1, 2025.

Please call **(908) 788-MOMS(6667)** with questions or for more information.

Name: _____

Address _____

Phone _____
 Home Cell Other

Alt Phone _____
 Home Cell Other

Email Address _____

Maiden Name _____

Birthdate _____

Due Date _____

Partner's Name _____

Prenatal Provider Office
 ADV OBGYN Hunterdon OBGYN HFP&OB
 HFM DeVal HFM Hawk Pointe HFM Phillips Barber
 Other (Please Specify): _____

Before or After baby Classes

Preferred date

<input type="checkbox"/>	Spinning Babies®	\$126.00	
<input type="checkbox"/>	Weekend Lamaze	\$189.00	
<input type="checkbox"/>	HypnoBirth® Classes	\$236.00	
<input type="checkbox"/>	Birth eClass Including Follow-up Class	\$189.00	
<input type="checkbox"/>	Lamaze/ HypnoBirth® Refresher	\$110.00	
<input type="checkbox"/>	Hi, New Baby	\$ 58.00	
<input type="checkbox"/>	Breastfeeding Class	\$ 58.00	
<input type="checkbox"/>	Breastfeeding Part II: Pumps & Pumping /Returning to Work (may be taken before or after delivery)	\$ 42.00	
<input type="checkbox"/>	Happiest Baby on the Block™	\$ 58.00	

Classes fill quickly, so please try to register for classes early in your pregnancy.

For Office Use Only

- If you are paying by credit card, we will contact you by phone to obtain your information.**
- You may pay by check if you are sending the registration by mail.**

Please Note: If you cancel your class registration there will be a cancellation processing fee. This does not apply if you have an unexpected early delivery.

Date Received _____

Payment Amount _____

Payment Type Cash Credit Check _____
 Visa MC AMEX Discover

Credit Card # _____

Exp Date: _____ CIV _____

Name on Card: _____