



## Parenting and Childbirth Education Registration Form

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

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](mailto: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, 2026.

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

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

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_  
 Home  Cell  Other

Email Address \_\_\_\_\_

Maiden Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Due Date \_\_\_\_\_

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

Prenatal Provider Office :

- ADV OBGYN  HFP&OB  HFM DeVal  HFB Phillips Barber  
 Other (please specify) \_\_\_\_\_

**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.

### Before or After baby Classes

Preferred date

<input type="checkbox"/>	Spinning Babies®	\$133.00	
<input type="checkbox"/>	Weekend Lamaze	\$199.00	
<input type="checkbox"/>	HypnoBirth® Classes	\$248.00	
<input type="checkbox"/>	Birth eClass Including Follow-up Class	\$199.00	
<input type="checkbox"/>	Lamaze/ HypnoBirth® Refresher	\$116.00	
<input type="checkbox"/>	Hi, New Baby	\$ 61.00	
<input type="checkbox"/>	Breastfeeding Class	\$ 61.00	
<input type="checkbox"/>	Breastfeeding Part II: Pumps & Pumping /Returning to Work (may be taken before or after delivery)	\$ 45.00	
<input type="checkbox"/>	Happiest Baby on the Block™	\$ 61.00	

### 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.**

Date Received \_\_\_\_\_

Payment Amount \_\_\_\_\_

Payment Type  Cash  Credit  Check \_\_\_\_\_  
 Visa  MC  AMEX  Discover

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_ CIV \_\_\_\_\_

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