## **Parent Education Classes**



**Registration Form,** \*Indicates required fields.

*Mother's name (last, first, middle initia	<i>il</i> )			
*Support person's name (last, first, mid	ddle initial)			
*Street				
*City	*State	ļ	*Zip	
*Home phone	*Cell	*Cell or business phone		
*Physician				
*Due date	*Moth	*Mother's DOB		
Previous childbirth classes? □	Yes  No			
Please check days you are avail  ☐ Sunday ☐ Monday ☐ Tue	lable: esday 🗖 Wednesday 🗖 Thursday 🗖 F	Friday 🗖	Saturday	
*E-mail address:				
How did you find out about cla	asses?			
christianacare.org  Doctor				
Grandparent registration				
Grandparent 1 (last, first)			Phone	
Street				
*City	*State	!	*Zip	
Grandparent 2 (last, first)			Phone	
Street				
*City	*State	<u> </u>	*Zip	
We wish to participate in				
Preparing for Labor & Delivery	Get the Family Involved			
☐ Labor Series: \$100	☐ Grandparenting Class: \$10		Please mail this completed	
☐ Labor Basics: \$60	Keeping Your Baby Safe		form along with your check	
☐ Relaxation/Breathing: \$40	☐ CPR for Family & Friends: \$20 per pe	erson	made payable to Christiana Care to: The Parent Education Department, P.O. Box 6001,	
☐ Maternity Tour: FREE	☐ Car Safety Seat Inspection: Call for pr			
Caring for Your Baby	Free Support	U		
☐ Newborn Class: \$40	☐ Breastfeeding Support Group: FREE		Newark, DE 19718	

Prices subject to change without notice. Please note: We require at least three business day's notification for any cancellations. We are not able to issue refunds without this notice. A \$10 transaction fee is charged for each cancelled class and the fee will be deducted from your refund.

☐ Mother/Baby Group: FREE

☐ Breastfeeding Class: \$30

For more more information or class updates please call 302-733-2472 or visit christianacare.org/parented.