



Parent Education Registration Form

If you are interesting in participating in any of the classes, you must fill out and return the attached form by the fifth month of your pregnancy. You will be notified by telephone for classes scheduled to start by the seventh month of your pregnancy. The classes are scheduled to finish two to four weeks before your expected delivery date.

Fees should accompany the registration form. Please make checks payable to Winthrop-University Hospital and include your due date on your check.

For specific dates or further questions, please contact Parent Education at (516) 663-2858 or destinationmaternity.com.

Cancellation Policy: Refunds will be given for cancellations at least 1 week before the class date. Refund process fees: Baby Care, Breastfeeding, and Sibling classes: \$5/class. In the event of inclement weather please call (516) 663-0333 after 3pm for information regarding class cancellations.



***Fees and dates are subject to change upon class enrollment and attendance. Class seating is served on a first come first serve basis. Both registration and class payment are required in advance in order to attend.**

Please print and return registration along with payment (personal check or money order) to the following address:

Winthrop University Hospital
Parent Education
1300 Franklin Avenue, Suite ML-5
Garden City, NY 11530

Name: _____

Address: _____

Home Phone: () _____

Doctor: _____

Partner: _____

Town: _____ Zip _____

Business Phone: () _____

Due Date: _____

Preparing for Childbirth – \$175	
<i>(Lamaze) Price includes Couple</i>	
Monday (3 weeks)	7 pm - 9 pm
Sunday	11 am - 6 pm <i>(Lunch Break)</i>

	<i>Person</i>	<i>Couple</i>
Breastfeeding	\$30 <input type="checkbox"/>	\$50 <input type="checkbox"/>
Offered 3 times a month Wednesday 6:30pm - 9 pm Saturday 1pm – 3:30pm		
Infant Care	\$30 <input type="checkbox"/>	\$50 <input type="checkbox"/>
Offered 3 times a month Wednesday 6:30pm – 9pm Sunday 1pm – 3:30pm		

OFFICE USE ONLY:

Registration Received: _____ Payment Received: _____

<i>Sibling Class - Wednesday 2:00 - 3:00pm (Ages 3-7)</i>	
\$20 per child <input type="checkbox"/>	Number of Children Attending _____
Names: _____	Age: _____