

Parent Education Program

Class Schedules and Registration

January – June 2010

Pre-registration is required for all classes.

Follow these 5 steps to register

Step 1: Select the classes you want to attend.

(Check out the class descriptions and schedules at www.Cooley-Dickinson.org)

Step 2: Decide which dates are best for you and your family.

Suggested due dates are included for some classes.

An up-to-date schedule of classes and a registration packet can also be found

at www.Cooley-Dickinson.org or call the Parent Education Program (see below)

Step 3: Complete the registration form (attached).

Registering by mail is the best way to register.

Register by your 25th week of pregnancy so that we can best meet your scheduling needs. If you are registering after 30 weeks, call us to find out which classes have openings. Late registrations can be made by calling the Parent Education Program (see below).

Step 4: Complete the attached sheet called Payment Options and Financial Aid.

Economic times are hard for many people.

Financial aid is available for all classes. Please don't hesitate to apply.

Step 5: Mail Your Registration, Payment and/or Financial Aid Application To:

Parent Education Program
Cooley Dickinson Hospital
30 Locust St.
P.O. Box 5001
Northampton, MA 01061-5001

We will mail you a confirmation with your class dates, times and locations.

Questions? Not sure what class is right for you? Feel free to contact:

Maria T. Curtin-McKenna
Parent Education Coordinator
(413) 582-2736
maria_curtinmckenna@cooley-dickinson.org

The Childbirth Center Parent Education Program Prenatal Class Registration Form

*Tip: Register by your 25th week of pregnancy so that we can best meet your scheduling needs.
If you are registering after 30 weeks, call us to find out which classes have openings.*

Mother's Name: _____ Due Date: _____

Name of Partner Attending Class: _____

Mailing Address: Street _____ Town and Zip _____

Primary Phone# : _____ Additional Phone Number: _____

Email address: _____ I am a young parent (age 20 or under) My Birthdate is: _____

- **Self-Hypnosis for Birth, Pregnancy and Beyond (\$110)**

We recommend attending in your 2nd trimester but this class may be taken at any time.

1st Choice: _____ 2nd Choice: _____

- **Childbirth 101: (\$50)**

Write in your class choice by using codes on the right side of the schedule or by writing the date of class.

Please see the recommended due dates on the right side of the class schedule.

Expecting twins? - Use a suggested due date that is one month earlier than your actual due date.

1st Choice: _____ 2nd Choice: _____

- **All About Babies (\$15 per class or \$35 for 3 classes)**

We recommend attending in the last 2 months of your pregnancy.

Breastfeeding Basics 1st Choice: _____ 2nd Choice: _____

Newborn Behavior: Understanding your baby 1st Choice: _____ 2nd Choice: _____

Nuts and Bolts of Baby Care: Daily care topics 1st Choice: _____ 2nd Choice: _____

Formula Feeding: I am not planning to breastfeed. Please send me the Formula Feeding Basics Guide

- **Childbirth Refresher (\$30):**

1st Choice: _____ 2nd Choice: _____

- **Brothers and Sisters: A Sibling Preparation Class**

Young Siblings: children ages 3-6 (\$15 for 1 sibling; \$5 each additional child)

Date: _____ Names + birth dates of the child/children: _____

Older Siblings: ages 7 - 10 (\$15 for 1 sibling; \$5 each additional child)

Date: _____ Names + birth dates of the child/children: _____

OB/GYN Provider (Check One):

Cooley Dickinson Center for Midwifery Care

Woman Care/Northampton OB/GYN

Hampshire OB/GYN

Other _____

Special Circumstances (Check All That Apply): We will call you to discuss how we may meet your needs in class.

Twins Pregnancy Complications (Please Explain):

Do you or your partner have a physical challenge of learning disability? Please explain.

Payment Options

- * Payment in the form of check or credit card is accepted.
- * Payment installment options are also available.
- * A deposit is required to hold your place in the class. *Class must be paid in full before the class begins.*

*Checks are cashed at the end of the month that your class is held.
Credit cards are charged the week of your first class.*

Note:

Some health insurance companies offer to reimburse families for attendance in childbirth classes. Be sure to check with your insurance company about this benefit!
A receipt / certificate of attendance will be given to you during your classes. It can be used as proof of payment for your health insurance company.

Payment Choice:

- A check is enclosed. (Make checks payable to "CDH Parent Ed")
- I am enclosing a deposit and understand that I need to pay in full by the time class begins.
- I am requesting financial aid – Turn page over for application
- I wish to pay by credit card (*Debit cards cannot be charged unless it is a combination credit / debit card.*)

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____

Three-digit number found on back of the card: _____

Type of card (circle): Visa Master Card American Express

Amount to be charged to the card: _____

Signature: _____

To be filled out by office:

Name of class _____	Name of class _____	Name of class _____
Start Date _____	Start Date _____	Start Date _____
Date charged _____	Date charged _____	Date charged _____
Amount charged _____	Amount charged _____	Amount charged _____
Initials _____	Initials _____	Initials _____

Financial Aid Application

The Parent Education Program offers financial aid on a sliding scale.
If you are applying for financial aid, return this application with your Class Registration form.
You will be contacted to discuss your eligibility. Please feel free to contact me to discuss your options.

Class ____ \$ Aid ____
Class ____ \$ Aid ____

Name of expectant mother: _____

Mass Health Insurance and Aetna/Chickering Insurance Members:

Please check all that apply:

- I have Mass Health Insurance Card number: _____
- I have BMC Health Net Insurance Card number: _____
- I have Aetna/Chickering / student insurance Card number: _____
(If you or your partner is employed and is not a student, please fill out the section **Other Financial Aid Requests.**)

If you have checked any of the boxes above, your class fees are reduced to the fees below. Please make out a check or fill in your credit card information for these following amounts. If you cannot afford these fees, please call me.

- Self-Hypnosis for Birth class** - \$50 per individual or couple
Childbirth 101 - \$15 per individual or couple
Breastfeeding Basics / Newborn Behavior / Nuts and Bolts of Baby Care Classes - \$5 per class per individual or couple
Childbirth Refresher - \$10 per individual or couple
Brothers and Sisters Sibling Class - \$5 per child

Skip down to sign at bottom of page.

Other Financial Aid requests: *Do not send payment if requesting financial aid under this section.*

- I am a young parent (age 20 or under) and understand you will call me to talk about financial aid. My Birth date: _____

Expectant Mother:

- Insurance company: _____
Does this insurance cover the cost of childbirth classes? Yes _____ No _____

How many people, including yourself and your unborn child are in your immediate family? _____
Are you currently employed or receiving a stipend (student)? Yes _____ No _____
Current gross income per week (Do not estimate): _____

Partner of Expectant Mother (If you share a household)

Name: _____

Are you currently employed or receiving a stipend (student)? Yes _____ No _____
Current gross income per week (Do not estimate): _____

If you have answered no to any of the income questions listed above, please explain how you are supporting yourself:

All Financial Aid applicants, please sign.

I state that the information on this application is true and subscribed and sworn to under the pains and penalties of perjury. I understand that the information that I submit concerning my gross income and family size is subject to verification by Cooley Dickinson Hospital.

Signature of expectant mother: _____ Date: _____