Morton Hospital
A STEWARD FAMILY HOSPITAL

Childbirth & Parenting Education
Registration Form

▶ PLEASE PLACE A CHECK MARK NEXT TO THE CLASS(ES) YOU ARE REGISTERING FOR AND NOTE THE DATE OF THE CLASS YOU WOULD LIKE TO ATTEND:

* For specific class dates, refer to the Childbirth & Parenting Class SCHEDULE.

☐ **Childbirth Education (Preparation for Childbirth)** - $50.00
Location: Northwoods Medical Center Pilgrim Conference Room (2005 Bay St., Taunton, MA 02780)
Please indicate your choice:
_____ Mondays, 6:30 p.m. - 8:30 p.m. (5-week course)
_____ Thursdays, 6:30 p.m. - 8:30 p.m. (5-week course)

*Date(s) _____

☐ **Weekend Childbirth Class** - $50.00
Location: Morton Hospital Margaret Stone Conference Room (88 Washington St., Taunton, MA 02780)
Day/Time: Weekends, 9 a.m. - 1 p.m. (2 days)

*Date(s) _____

☐ **Private Childbirth Class** - $80.00
Please fill out the registration form, and we will contact you to set up a date.

☐ **Ready for Delivery** - $25.00
Location: Northwoods Medical Center Pilgrim Conference Room (2005 Bay St., Taunton, MA 02780)
Day/Time: Wednesdays, 6:30 p.m. - 8:30 p.m. (3-week "refresher" course)

*Date(s) _____

☐ **Feeding Your Baby** - Free
Location: Morton Hospital Quinn Conference Room (88 Washington St., Taunton, MA 02780)
Day/Time: 1st Thursday and 3rd Tuesday of every month, 6 p.m. - 9 p.m.

*Date(s) _____

☐ **Infant Care** - $20.00
Location: Northwoods Medical Center Pilgrim Conference Room (2005 Bay St., Taunton, MA 02780)
Day/Time: Tuesdays, 6:30 p.m. - 8:30 p.m.

*Date(s) _____

☐ **Big Brother/Big Sister Sibling Class** - $10.00 per child
Details: Classes are scheduled upon request. Please call 508-828-7777 for more information.

▶ TOTAL AMOUNT FOR CLASS(ES): $ _____

▶ PLEASE COMPLETE REGISTRATION FORM ON BACK

Morton Hospital Childbirth & Parenting Education
Registration Form continued

Mother's Name: _____ Date of Birth: _____

Home Address: _____

Daytime Phone: _____

Email *(for class confirmation or cancellation)*: _____

Support Person Name: _____

Due Date: _____ Physician/Midwife: _____

Giving Birth at: _____

Please note any concerns and/or special needs you may have regarding your registered class:

_____

_____

Total Amount Enclosed: $ _____ *(total cost of class(es) from other side)*
Note: Payments are non-refundable.

Please make checks payable to: Morton Hospital Parent Education

Please mail registration and payment to:
Morton Hospital Childbirth Education Department
88 Washington Street
Taunton, MA 02780

Note: Some insurance companies may reimburse part of the cost for classes. Please check with your insurance company to see if you are eligible for reimbursement.

For more information about childbirth and parenting education classes at Morton Hospital, please call (508) 828-7777 or visit www.steward.org/Morton and click on "Events and Classes."

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