

Newborn Connections

REGISTRATION FORM

Advanced registration is required for all classes. Please register early to ensure your place. Partners are encouraged to attend. You will receive a confirmation letter with class dates in the mail and email.

Discount Packages

Preferred Dates
1st 2nd

Total
Fees

∨ *The Basic Package*

- Childbirth Preparation Intensive or
 ➤ Childbirth Preparation Series

\$295

- Breastfeeding

- Newborn Parenting

∨ *The Family Package*

- Childbirth Preparation Intensive or
 ➤ Childbirth Preparation Series

- Breastfeeding

- Newborn Parenting

- For Expectant Fathers Only

\$340

∨ *The Mom & Babe Package*

- Childbirth Preparation Intensive or
 ➤ Childbirth Preparation Series

- Breastfeeding

- Newborn Parenting

- Lactation Consult Services—Call (415) 600–BABY to schedule your appointment after the birth.

\$365

∨ *The Pamper Package*

- Childbirth Preparation Intensive or
 ➤ Childbirth Preparation Series

- Breastfeeding

- Newborn Parenting

- Lactation Consult Services—Call (415) 600–BABY to schedule your appointment after the birth.

- One-hour massage—You will receive a gift certificate with your confirmation.

\$410

Classes & Services a la Carte		Date of 1st choice	Date of 2nd choice	Total Fees
Breastfeeding	\$60	_____	_____	\$ _____
Breastfeeding & Multiples	\$85	*Please call our Lactation Office to schedule (415) 600-6243		
Childbirth Preparation	\$175	_____	_____	\$ _____
3 week series	\$175	_____	_____	\$ _____
Expectant Fathers Only	\$60	_____	_____	\$ _____
Hospital Tour (Date and Time)	FREE	_____	_____	\$ <u>FREE</u>
Newborn Parenting	\$95	_____	_____	\$ _____
2 week series	\$95	_____	_____	\$ _____
Pain Relief Options: Ask the Anesthesiologist	Free	_____	_____	\$ <u>FREE</u>
Prenatal Yoga (consent form must be signed and attached to registration form)	\$85	_____	_____	\$ _____
Sibling Celebration	\$50	_____	_____	\$ _____
*Name of Sibling	_____	_____	Age (3-6) _____	Gender _____
*Additional Sibling	\$25	_____	_____	\$ _____
*Name of Sibling	_____	_____	Age (3-6) _____	Gender _____
Twins, Triplets, & More	\$60	_____	_____	\$ _____

Discount Package Total \$ _____
Classes & Services a la Carte Total + \$ _____
Total Amount Enclosed = \$ _____

Registrations by fax or mail ONLY. Please print clearly.

Complete and mail this form along with your payment to:

California Pacific Medical Center, Newborn Connections, 3698 California Street • San Francisco, CA 94118
 or Fax: (415) 752-0469 (credit card payment only)

For more information, call (415) 600-BABY or email cpmcnewborn@sutterhealth.org

Check enclosed made payable to **CPMC**.

Charge my: VISA MasterCard Account Number _____ Exp. _____

Discover Amex Name of Card Holder _____

Name (of mom) _____ Due Date _____

Address _____ Telephone (H) _____

City/ZIP _____ (W) _____

Birthdate (of mom) _____ Partner's Name _____ (F) _____

Email Address (For Quick Confirmation of Registration) _____

Cancellation/Rescheduling Policy: Newborn Connections reserves the right to cancel classes that do not meet minimum attendance requirements. Class schedule and prices are subject to change without prior notification. All classes include a \$25.00 non-refundable registration fee. If you need to cancel or reschedule, you must call us 2 weeks prior to the start of the class or you will **not** receive store credit. Special circumstances will be considered, but please notify us as soon as possible. All refunds if any, are issued as store credit only. Store credit can be put towards lactation consultations, pump rentals, book and video lending library, and store merchandise (nursing bras, baby clothes, etc). No shows will not receive any form of reimbursement.