

2009

2009

PORTER HOSPITAL'S
PREPARING FOR BIRTH AND YOUR BABY
EXPECTANT PARENT CLASSES, 2009

EVENING 6:30 - 8:30 PM Fee - \$90.00*	CONDENSED WEEKEND SATURDAY & SUNDAY 9 AM - 1 PM Fee - \$90.00*	BREASTFEEDING MON. or WED. 6 - 9 PM Fee - \$45.00*	REFRESHER Fee - \$45.00*
<p align="center">Tuesday, January 6 - February 10</p>	<p align="center">January 24 & 25</p>	<p align="center">Wed., January 28</p>	<p align="center">Thursday, January 15, 6 pm - 9 pm</p>
<p align="center">Monday, February 23 - March 30</p>	<p align="center">March 7 & 8</p>	<p align="center">Wed., March 25</p>	<p align="center">Saturday, March 21, 9 am - 12 pm</p>
<p align="center">Monday, April 13 - May 18</p>	<p align="center">April 18 & 19</p>	<p align="center">Wed., April 29</p>	
<p align="center">Monday, June 1 - July 6</p>	<p align="center">May 30 & 31</p>	<p align="center">Wed., June 17</p>	<p align="center">Thursday, May 14, 6 pm - 9 pm</p>
<p align="center">Tuesday, July 14 - August 18</p>	<p align="center">July 11 & 12</p>	<p align="center">Mon., July 27</p>	<p align="center">Saturday, July 18, 9 am - 12 pm</p>
<p align="center">Tuesday, August 25 - September 29</p>	<p align="center">August 15 & 16 September 26 & 27</p>	<p align="center">Mon., Sept. 21</p>	<p align="center">Thursday, September 24, 6 pm - 9 pm</p>
<p align="center">Monday, October 5 - November 9</p>	<p align="center">October 31 & Nov. 1</p>	<p align="center">Wed., October 28</p>	
<p align="center">Tuesday, November 10 - December 15</p>	<p align="center">December 12 & 13</p>	<p align="center">Mon., December 14</p>	<p align="center">Saturday, December 5, 9 am - 12 pm</p>
<p align="center">Monday, January 4 - February 8, 2010</p>			

* Fees for classes above are paid in full by Dr. Dynasaur or Vermont Medicaid.

Big Brother / Big Sister Classes - Day and Saturday times by appointment.

Prenatal Exercise - Mondays from 5:00 pm - 6:30 pm

TUTORIAL CLASS - to meet your needs; please call to discuss. \$25/hour



For information or registration please call (802) 382-3413

**2009
REGISTRATION
EXPECTANT PARENTS' CLASS**

Community Health Outreach

PRE-REGISTRATION REQUIRED

At Least 3 People Needed For Any Class To Be Held

Mother's Name: _____ Age: _____

Father's/Partner's/Companion's Name: _____ Age: _____

Mailing Address: _____
Street or Box # Town State Zip

Baby's Due Date: _____ Phone: Home (____) _____

Doctor or Midwife: _____ Work: Mother (____) _____

Hospital/Birth Place: _____ Father/Partner (____) _____

Email address: _____

Date of Classes you want -----PLEASE CIRCLE ON BACK ----->

Number of Pregnancies: _____ Number of Children & Their Ages: _____

Previous Births at Porter: _____ Mother's health during this pregnancy: _____

Any health problems in previous pregnancies? _____

What do you hope to learn in your classes? _____

Do you plan to breastfeed or bottlefeed? Please circle.

Is there anything you'd like your instructor to know about you? _____

Please mail or FAX form to: Community Health Outreach
Porter Hospital, Inc.
115 Porter Drive
Middlebury, VT 05753

FAX #(802) 388-8858
PHONE #(802) 382-3413
www.portermedical.org/outreach.html

----- CUT AND KEEP FOR DIRECTIONS, ETC. -----

ALL CLASSES meet at Porter Hospital in the COLLINS BUILDING Conference Room, which is the building to your left if you are in the front parking lot of the hospital. Go through the double doors and go to your left to the end of the hall.

Your class begins on: _____ at _____

Please call if you have questions (802) 382-3413