

2010

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

SIX-WEEK EVENING SERIES 6:30 - 8:30 PM Fee - \$90.00*	CONDENSED WEEKEND SATURDAY & SUNDAY 9 AM - 1 PM Fee - \$90.00*	BREASTFEEDING MONDAY 6:30 - 8:30 PM Fee - \$30.00*	REFRESHER ONE-TIME THREE HOUR CLASS Fee - \$45.00*
Monday, January 4 - February 15	January 23 & 24	January 11	Thursday, January 14, 6 pm - 9 pm
Monday, March 1 - April 12	March 6 & 7	March 8	Saturday, March 20, 9 am - 12 pm
Monday, April 19 - May 24	April 24 & 25	April 19	
Wednesday, June 2 - July 7	June 5 & 6	June 14	Wednesday, May 12, 6 pm - 9 pm
Monday, July 12 - August 16	July 17 & 18	July 12	Saturday, July 24, 9 am - 12 pm
Monday, August 23 - September 27	August 28 & 29	August 23	
Monday, October 4 - November 8	October 2 & 3	October 18	Wednesday, September 22, 6 pm - 9 pm
Monday, November 15 - December 20	November 6 & 7		
Monday, January 3 - February 7, 2011	December 11 & 12	December 13	Saturday, December 11, 9 am - 12 pm

* 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. \$10 per class.

Prenatal Exercise - Mondays from 5:00 pm - 6:30 pm. \$5 per class.

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



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

**2010
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