

2012 Class Schedule

SIBLING (AGES 3-8)

THURSDAY, 7:00-8:00 P.M.

The Sibling class meets in the OB Lobby at the Main Street Clinic location: 1230 East Main Street, Mankato.

JANUARY 26	JULY 26
FEBRUARY 23	AUGUST 23
MARCH 22	SEPTEMBER 27
APRIL 26	NOVEMBER 29
MAY 24	
JUNE 28	

BREASTFEEDING

(PARTNERS ARE ENCOURAGED TO ATTEND)

THURSDAY, 7:00-9:00 P.M.

JANUARY 12	JULY 19
FEBRUARY 9	AUGUST 9
MARCH 8	SEPTEMBER 13
APRIL 12	OCTOBER 11
MAY 10	NOVEMBER 8
JUNE 14	DECEMBER 13

PREPARED CHILDBIRTH

(4 SESSIONS) **MONDAYS, 7:00-9:00 P.M.**

JANUARY 2, 9, 16, 23
 FEB 6, 13, 20, 27
 MAR 19, 26, APR 2, 9
 APR 23, 30, MAY 7, 14
 JUNE 4, 11, 18, 25
 JULY 16, 23, 30, AUG 6
 SEPT 10, 17, 24, OCT 1
 OCT 15, 22, 29, NOV 5
 NOV 19, 26, DEC 3, 10

CAR SEAT SAFETY

THURSDAY, 7:00-9:00 P.M.

Please do not bring your car seat to class. A private inspection sign-up sheet will be available.

JAN 19	MAY 17	SEPT 20
FEB 16	JUNE 21	OCT 18
MAR 15	JULY 26	NOV 15
APR 19	AUG 16	DEC 20

NEWBORN CARE

MONDAY, 7:00-9:00 P.M.

JANUARY 30	AUGUST 13
MARCH 5	OCTOBER 8
APRIL 16	NOVEMBER 12
MAY 21	DECEMBER 17
JULY 2	

REFRESHER

THURSDAY, 7:00-9:00 P.M.

JANUARY 5	JULY 12
FEBRUARY 2	AUGUST 2
MARCH 1	SEPTEMBER 6
APRIL 5	OCTOBER 4
MAY 3	NOVEMBER 1
JUNE 7	DECEMBER 6

MEET THE DOULAS

An informational meeting will be held the **third night of each Prepared Childbirth Class from 6:30-7:00 p.m.**

- All Classes (except Sibling) will be held at the **Mankato Clinic @ Madison East Meeting Rooms**—enter through the Southeast entrance and look for a sign welcoming you to class.
- Sibling Class will be held at the **Mankato Clinic @ Main Street, in the OB/GYN lobby** located on the second floor.
- All registration must be received **within 1 week prior** to the class start date.
- KEEP THIS SCHEDULE as your reminder. **No letters will be sent** to verify your registration in the class.
- In case of bad weather, listen to any local Mankato radio station for announcements regarding postponements.
- Class will be canceled if number of registrants are low.



CLASS SIGN-UP Please check appropriate box(es) and fill in the class dates.

Give the completed form to the receptionist at your doctor's office or mail to the following address: *Mankato Clinic, c/o OB Patient Education, 1230 East Main Street, PO Box 8674, Mankato, MN 56002-8674*

Your First/Last Name _____

Spouse's/Coach's First/Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Birth Date _____ Doctor _____ Due Date _____

CLASS	DATE
<input type="radio"/> BREASTFEEDING	_____
<input type="radio"/> PREP CHILDBIRTH	_____
<input type="radio"/> CAR SEAT SAFETY	_____
<input type="radio"/> NEWBORN CARE	_____
<input type="radio"/> REFRESHER	_____
<input type="radio"/> SIBLING	_____
(CHILDREN'S NAMES/AGES/SEX):	

