

# MANKATO CLINIC

OBSTETRIC/GYNECOLOGY DEPARTMENT

## 2010 Class Schedule

### SIBLING (AGES 3-8)

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

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

JANUARY 28	JULY 29
FEBRUARY 25	AUGUST 19
MARCH 25	SEPTEMBER 23
APRIL 22	OCTOBER 21
MAY 27	NOVEMBER 18
JUNE 24	DECEMBER 16

### BREASTFEEDING

(PARTNERS ARE ENCOURAGED TO ATTEND)

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

JANUARY 14	JULY 22
FEBRUARY 11	AUGUST 12
MARCH 11	SEPTEMBER 16
APRIL 15	OCTOBER 14
MAY 13	NOVEMBER 11
JUNE 17	DECEMBER 9

### PREPARED CHILDBIRTH

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

JANUARY 4, 11, 18, 25  
 FEB 8, 15, 22, MAR 1  
 MAR 15, 22, 29, APR 5  
 APR 19, 26, MAY 3, 10  
 JUNE 7, 14, 21, 28  
 JULY 19, 26, AUG 2, 9  
 SEPT 13, 20, 27, OCT 4  
 OCT 18, 25, NOV 1, 8  
 NOV 22, 29, DEC 6, 13

### CAR SEAT SAFETY

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

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

JAN 21	MAY 20	SEPT 23
FEB 18	JUNE 24	OCT 21
MAR 18	JULY 29	NOV 18
APR 22	AUG 19	DEC 16

### NEWBORN CARE

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

FEBRUARY 1	AUGUST 16
MARCH 8	OCTOBER 11
APRIL 12	NOVEMBER 15
MAY 17	DECEMBER 20
JULY 12	

### REFRESHER

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

JANUARY 7	JULY 15
FEBRUARY 4	AUGUST 5
MARCH 4	SEPTEMBER 9
APRIL 8	OCTOBER 7
MAY 6	NOVEMBER 4
JUNE 10	DECEMBER 2

### 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 Conference Room**—enter through the doors to the right of Hang Ups and look for signs directing you to class.
- 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**

BREASTFEEDING \_\_\_\_\_

PREP CHILDBIRTH \_\_\_\_\_

CAR SEAT SAFETY \_\_\_\_\_

NEWBORN CARE \_\_\_\_\_

REFRESHER \_\_\_\_\_

SIBLING \_\_\_\_\_

(CHILDREN'S NAMES/AGES/SEX):

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