## COMMUNITY BASED (OUTREACH) PROGRAMS AND SERVICES

## Perinatal Services Redlands Community Hospital

802 W. Colton Ave Suite D Redlands CA, 92373

| Maternity Tours  |   |                | Childbirth Preparation Class –  |                               |  |  |  |
|--|---|----------------|---|-------------------------------|--|--|--|
| 6:00-7:00pm  |   |                | Cost: \$100.00  |                               |  |  |  |
| Childbirth I   | November 7 November 10 November 19 al Times may become Preparation (Acce Cost: \$100.00 9:00am-5:00pm (or | lerated Class) | Three-part series  October 1 & 14  November 6,13,20  December 3,10,17 | 5-9pm<br>5-8:30pm<br>5-8:30pm |  |  |  |
| October 5  |   |                |   |                               |  |  |  |
| November 9   |   |                |   |                               |  |  |  |
| December 7   |   |                |   |                               |  |  |  |
| Breastfeeding Basics (Prior to delivery)<br>Cost: \$25.00  |   |                | Childbirth Refresher<br>Cost: \$35.00 /5:00- 8:30pm                   |                               |  |  |  |
| Saturday 9am-12<br>October 25<br>November 8<br>December 6  | m Mon/Tue<br>Tues. Nov<br>Mon. Dec  | ember 11       | Call for date and   | d time availability.          |  |  |  |
| Classes and Tours are for you and one support person.  * Please No Children at Classes and Tours * |   |                |   |                               |  |  |  |

Classes are held at Redlands Community Hospital at 350 Terracina Blvd. Redlands CA, 92373, in the Weisser Building. To register for classes, you can Pay and Register over the Phone by calling our Perinatal Services Department at 909-793-6330, or Mail your registration form with payment to PO BOX 3391 Redlands, CA 92374

Make checks Payable to RCH -

For Medi-cal and IEHP patients, please call our office to see if your classes can be covered under our Pregnancy Education program (CPSP).

| Last Name:  | First Name: |       |                           | Telephone # ( | )          |          |
|---|-------------|-------|---------------------------|---------------|------------|----------|
| Mailing Address:                                  |             | City: |                           | Zip           | Code:      |          |
| Estimated delivery date Date of Birth             |             |       | OB/GYN's Provider's Name: |               |            |          |
| Are you delivering at Redlands Com                | ere?        |       |                           |               |            |          |
| Select the class(es) you want – place a $\sqrt{}$ |             |       |                           | Desired Dat   | es         | Cost     |
| Mother-Baby Units orientation 7                   |             |       |                           |               | No Charge. |          |
| Childbirth Preparation Classes                    |             |       |                           |               |            | \$100.00 |
| Childbirth Refresher                              |             |       | \$35.00                   |               |            |          |
| Childbirth Preparation (Weeken                    | •           | •     |                           | •             | \$100.00   |          |
| Breastfeeding Basics                              |             |       |                           | \$25.00       |            |          |