COMMUNITY BASED (OUTREACH) PROGRAMS AND SERVICES



802 W. Colton Ave Suite D Redlands CA, 92373

| - | | | , | | | | 1 | |
|---|--|---------------------------|-----------------------------|--|-----------------|-----------|---|--|
| | Maternity Tours | | | Childbirth Preparation Class – | | | | |
| | 6:00-7:00pm | | | Cost: \$100.00 5:00pm –8:30pm | | | | |
| | | | | | | | | |
| | <u>Wednesday</u> | <u>Friday</u> | | | | | | |
| | August 20July 11September 10August 8 | | Two -3 hour class | | | | | |
| | | | | | | | | |
| | - | September 12 | | • • | ust 18 & 25 | | | |
| | | | Mond | ay Septe | ember 15 & | 22 | | |
| | *Additional Times may beco | | | | | | | |
| | Childbirth Preparation (Accelerated Class) Cost: \$100.00 9:00am-5:00pm (one-day) Saturday | | | | | | | |
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| | | | | | | | | |
| | July 26 | | | | | | | |
| | August 23 | | | | | | | |
| | September 13 | | | | | | | |
| | Breastfeeding Basics (Prior to delivery) | | | Childbirth Refresher | | | | |
| | Cost: \$25.00 9:00am-12:00pm | | Cost: \$35.00 /5:00- 8:30pm | | | | | |
| | | | | | | | | |
| | <u>Saturday</u> | | | Attend the First class from Childbirth Preparation | | | | |
| | July 19 | | | Course. | | | | |
| | August 16 | | | August 19 Contomber 15 | | | | |
| | September 6 | | | August 18, September 15 | | | | |
| | Classes and Tours are for you and <u>one</u> 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 | | | | | | | |
| | | | ram (CPS | | | | <i>c) 2000000000000000000000000000000000000</i> | |
| Last | st Name: First Name: | | | | Telephone # () | | | |
| Maili | ailing Address: timated delivery date Date of Birth | | | | | Zip Code: | | |
| | nated delivery date | OB/GYN's Provider's Name: | | | | | | |
| | you delivering at Redlands Com | , , , | | If not, whe | 1 | | ~ | |
| | lect the class(es) you want – place a $$ | | | | Desired | 1 Dates | Cost | |
| | Mother-Baby Units orientation Tour | | | | | | No Charge. | |
| | Childbirth Preparation Classes | | | | | | \$100.00 | |

\$35.00

\$100.00

\$25.00

Childbirth Refresher

Breastfeeding Basics

Childbirth Preparation (Weekend Class)