



2016 OB Class Schedule

Prepared Childbirth

Designed for First Time Moms
(4-Week Session)

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

JAN 4, 11, 18, 25
FEB 15, 22, 29, MAR 7
MAR 28, APR 4, 11, 18
MAY 9, 16, 23, JUNE 6
JUL 18, 25, AUG 1, 8
AUG 29, SEPT 12, 19, 26
OCT 17, 24, NOV 7
NOV 28, DEC 5, 12

Newborn Care

(Fifth week following Prepared
Childbirth Class)

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

FEBRUARY 1
MARCH 14
APRIL 25
JUNE 13
AUGUST 15
OCTOBER 3
NOVEMBER 14
DECEMBER 19

Childbirth Express

(One Session)

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

FEBRUARY 8
MARCH 21
MAY 2
JUNE 20
AUGUST 22
OCTOBER 10
NOVEMBER 21

Breastfeeding

(One Session)

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

Partners are encouraged to attend.

JAN 7 JULY 7
FEB 4 AUG 4
MAR 3 SEPT 1
APR 7 OCT 6
MAY 5 NOV 3
JUNE 2 DEC 1

Car Seat Safety

(One Session)

THURSDAY, 6:30-8:00 P.M.

Please bring your car seat installed in your
vehicle to the car seat class.

JAN 14 JULY 14
FEB 11 AUG 11
MAR 10 SEPT 8
APR 14 OCT 13
MAY 12 NOV 10
JUNE 9 DEC 8

Sibling (AGES 3-8)

(One Session)

THURSDAY, 6:00-7:30 P.M.

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

FEB 18 JUNE 16 OCT 20
APR 21 AUG 18 DEC 15

SATURDAY, 9:00-10:30 A.M.

JAN 16 JULY 16 NOV 19
MAR 19 SEPT 17

- OB Education classes (except Sibling) will be held at the **Mankato Clinic's Children's Health Center** on the Wickersham Health Campus—enter through the front doors and conference room is on the Lower level.
- Sibling Class will be held at the **Mankato Clinic at 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 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/GYN Department, 1230 East Main Street,
PO Box 8674, Mankato, MN 56002-8674

You may also register online at: www.mankatoclinic.com/childbirth-education-class-schedules

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**

PREP CHILDBIRTH _____

NEWBORN CARE _____

CHILDBIRTH EXPRESS _____

BREASTFEEDING _____

CAR SEAT SAFETY _____

SIBLING _____

(Children's names/ages/sex):
