



**Breastfeeding Class – Information Form
Winona Health**

**ATTN: June Hawley ~ 507.457.4491
855 Mankato Avenue ~ PO Box 5600 ~ Winona, MN 55987**

Name _____ Age _____
Street Address _____
City _____ State _____ Zip code _____
Daytime Phone _____ Evening Phone _____
Due Date _____ Provider _____ First baby: Yes No
Labor partner _____ Relationship to mother _____
Date of program _____

Cost: \$10.00 (Payment must accompany registration; make checks payable to Winona Health)

Describe any special circumstances (medical or otherwise) that you think the instructor should be aware of _____

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Thank you for choosing Winona Health for your educational needs!

Mail the top portion along with your payment to the address listed above (save the bottom portion for your records and as a reminder).

Date of Program _____ Time: 6:30 pm – 8:30 pm Cost: \$10.00

Location: B.A. Miller Auditorium (3rd floor, Winona Health ~ 855 Mankato Avenue)

Please Note: No confirmation notices are sent.

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