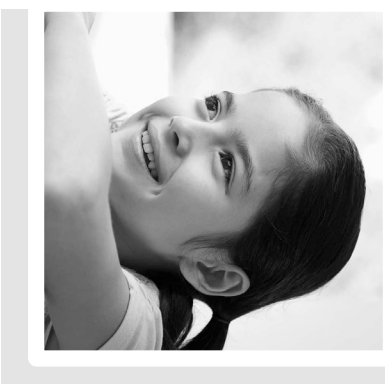




**NATIONWIDE
CHILDREN'S**

When your child needs a hospital, everything matters.™

Nationwide Children's Hospital
ATTN: Community Education
700 Children's Drive
Columbus, OH 43205-2696



Body Talk 2025

Celebrating Mothers and Daughters



**NATIONWIDE
CHILDREN'S**

When your child needs a hospital, everything matters.™

Body Talk 2025

Program Description:

This interactive workshop is designed for mothers and daughters to share their feelings, opinions and learn about issues we face everyday regarding body changes, self-esteem and healthy eating.

Topics:

- Puberty
- Body Changes
- Healthy Eating
- Self-Esteem

Audience:

This program is designed specifically for girls, ages 8-11, and their mothers.

Class Location:

Nationwide Children's Hospital
Education Center
575 S. 18th St.
Columbus, Ohio 43205

Cancellations:

Cancellations must be received two weeks prior to the program. At that time, refunds will be made minus 30% for administrative costs. After that time, no refunds will be given.

Program Dates/Time:

-Saturday, April 5
-Saturday, August 9
-Saturday, Dec. 13

Cost:

\$20.00 per Mother/Daughter pair.
\$8 for additional daughter

Registration Fee Includes:

Educational materials, instruction and certificate.

Confirmation:

A confirmation letter will be sent two weeks prior to the program. Registrations received after that time will not receive a confirmation letter.

Parking:

A directional map and parking instructions will be mailed to all participants who register two weeks before the program.

Parking at Nationwide Children's Hospital is available in the visitor parking garage for \$2 for the first 4 hours.

Questions:

Call us at (614) 355-0678.

Body Talk 2025 Registration Form

Name of Daughter_____

Grade_____

Name of Mother_____

Address_____

County_____

City_____State_____Zip_____

Daytime phone (_____)_____

Fax_____

E-mail_____

School District:_____

Select classes:

☐ Saturday, April 5

☐ Saturday, August 9

☐ Saturday, Dec. 13

Please mark if you need:

☐ Wheelchair seating

☐ Interpreter for the hearing-impaired

You will be notified by letter of your confirmed space.

Payment: ☐ Cash ☐ Check ☐ Visa ☐ Mastercard

Credit Card Information:

Card #_____

Name on card_____

Exp. Date _____Amount Enclosed \$_____

*(Charge will read as Nationwide Children's Community
Education on your statement)*

**Please enclose a check payable to Nationwide Children's
Hospital and mail with this form to:**

Community Education

Nationwide Children's Hospital
700 Children's Drive, Columbus, Ohio 43205

or register online at
NationwideChildrens.org/Edu

Feel free to photocopy this form