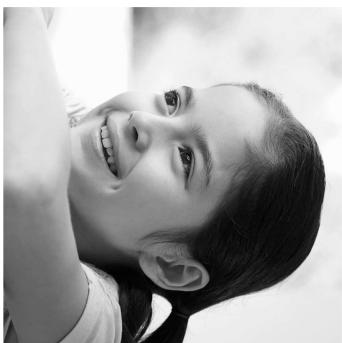




**NATIONWIDE  
CHILDREN'S**

*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 2023

Celebrating Mothers and Daughters



**NATIONWIDE  
CHILDREN'S**

*When your child needs a hospital, everything matters.™*

# Body Talk 2023

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## 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, October 14, 9am - 12pm

## 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 2023 Registration Form

Name of Daughter\_\_\_\_\_

Grade\_\_\_\_\_

Name of Mother\_\_\_\_\_

Address\_\_\_\_\_

County\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Daytime phone (\_\_\_\_\_)\_\_\_\_\_

Fax\_\_\_\_\_

E-mail\_\_\_\_\_

School District:\_\_\_\_\_

Select class:

☐ October 14

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](http://NationwideChildrens.org/Edu)

*Feel free to photocopy this form*