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



First Steps: Infant Care Class

A Primer for the new, Adopting,
or Expecting Parent

2024



When your child needs a hospital, everything matters.

First Steps: Infant Care Class

Program Description:

First Steps: Infant Care Class is for the new, expecting or adopting parent to learn about basic care for their child from birth to 18 months. We know that new parents have a lot of questions about caring for their baby and keeping them safe and healthy. Our teachers are especially prepared to address your concerns during this class.

Topics

Parents will learn:

- Daily care- such as bathing, skin care, clothing, mouth and teeth care, and feeding
- Home safety- appropriate toys, pets, food and clothing and equipment. Includes special tips for crawling infants
- Outdoor safety- car seats, sun and water safety
- Common health concerns (birth-18 months)
- When to call your child's doctor and when to use an urgent care

Who Should Attend

This program is intended for new, expecting and adoptive parents.

Location

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

Program Date and Time

All classes are held from 6 to 8:30 p.m.

- February 7
- March 27
- July 24
- October 9

Cost

\$15 per person

Fee includes instruction by a registered nurse, educational materials and certificate of attendance.

Confirmation

A confirmation letter with directions to the Education Center will be sent to all participants who register for the program.

Refunds

Refunds will be given minus 30% for administrative costs until two weeks before the program. After this time, there are no refunds.

Questions

Call Community Education at (614) 355-0662.

Parking

Parking is available in the Orange Parking Garage at the corner of 18th St. and Mooberry. The fee is \$2.

Registration Form

First Steps: Infant Care Class 2024

Name _____

Name _____

Address _____

City _____ State ____ Zip _____

County _____

Daytime phone (____) _____

Fax _____

Email _____

School District _____

Please mark if you need:

Wheelchair seating Sign language interpreter

You will be notified of your confirmed space by email.

Class Selection (*please mark*)

February 7 July 24

March 27 October 9

Cost: \$15 per person. Payment is due at the time of registration.

Payment: Cash Check Visa MasterCard

American Express Discover

Credit Card # _____

Name on Card _____

Billing Address _____

City _____ State ____ Zip _____

Exp. Date ____ Amount enclosed: \$ _____

Please enclose a check made 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

**Other programs that may be of interest to you.
Send me information on:**

Friends & Family CPR 1234 Parents!

Active Parenting