



Program Registration

Breastfeeding Support Program

Date _____

About You

Name: _____

Campus Department _____

Campus Address: _____

Phone: _____

Email: _____

Employee or Student ID Number: _____

University Affiliation:

- Faculty
- Post Doc/Visiting Scholar
- Staff
- Graduate/Professional Student
- Spouse/Partner of UC Berkeley Affiliate
- Undergrad
- Other UC Affiliate (*please specify*) _____

Baby's Due Date: _____

Planned length of time want to breastfeed: _____

Planned date to return to work/school: _____

Needs from Campus Breastfeeding Support Program (*check all that apply*):

Purchase the *Ameda Purely Yours* personal electric pump

Use a campus lactation room to pump:

Rooms with a hospital-grade pump:

Room without a hospital-grade pump:

- University Hall
- Simon
- Giannini Hall
- 3204 Tolman Hall
- Moffitt
- Haas
- Evans
- 5207 Tolman Hall

Use the hospital-grade breast pump in the lactation room

Order the HygieniKit (needed to use the lactation room's pump)

Attend the *Breastfeeding Your Baby* class

Other _____

1. Is this your first experience with breastfeeding? Yes No

2. Is this your first experience with pumping? Yes No

3. Do you already own a personal electric breast pump? Yes No

4. How did you learn about the Breastfeeding Support Program?

- Health*Matters flyer
- Berkeleyan
- Parents Digest
- Dept Benefits Counselor
- Friend
- Email (source): _____
- Grad Student Brochure
- Website
- Other: _____



Sponsored by University Health Services: Health*Matters. The Breastfeeding Support Program serves faculty, staff, students, and their spouses/domestic partners. For more information, call 643-4646.

Fax this form to 642-7411