



# Program Registration

## Breastfeeding Support Program

Date \_\_\_\_\_

### About You

Name: \_\_\_\_\_

Campus Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employee or Student ID Number: \_\_\_\_\_

### University Affiliation:

- Faculty     Staff     Graduate/Professional Student     Post Doc/Visiting Scholar
- Undergrad Student     Spouse/Partner of UC Berkeley Affiliate
- 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:
  - Moffitt     Evans     Simon     Haas     University Hall     Tolman Hall (circle room) 3204 ~or~ 5207
- 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 and pumping?     Yes     No

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

### 3. 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**