

# The Breastfeeding Support Program at Penn State

## Program Enrollment Form

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

University Affiliation (student, staff, faculty, spouse/partner): \_\_\_\_\_

Penn State Spouse/Partner's name: \_\_\_\_\_

Penn State Spouse/Partner's email: \_\_\_\_\_

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

Due date or baby's date of birth: \_\_\_\_\_

**I'm interested in** (mark all that apply):

Receiving phone or in person assistance  
from a Lactation Consultant

Using a lactation station's Lactina/Symphony  
hospital-grade pump

Attending a Working and Breastfeeding  
Support Group meeting

Breastfeeding my baby in the lactation stations

Participating in the Peer Mentoring program

Pumping in the lactation stations

**Which lactation station(s) are you interested in using?**

Armsby

Biobehavioral Health Building

Business Building

Hammond Building

Millenium Science Complex

Technology Support Building  
(Blue Course)

Tech Center @  
Innovation Park

Osmond Lab

Pasquerilla Spiritual Center

Pattee Library

Walker Library

Health & Human Development  
Building

Ritenour Building

Steidle Building

OPP Annex

Other: \_\_\_\_\_

**I have reviewed the Program Information Sheet and agree to abide by the program rules:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Staff Checklist:

Completion Date: \_\_\_\_\_

- Enrolled by:
- Exit survey mailed date:
- Email removed date: