

# Confirmation of Participation in Maternity Program

Date: [Date]

To: [Participant's Name]

[Participant's Address]

Dear [Participant's Name],

We are pleased to confirm your participation in our Maternity Program. Your enrollment has been successfully processed, and we are excited to support you during this special time.

Program Details:

- Program Start Date: [Start Date]
- Location: [Program Location]
- Duration: [Duration]

Please feel free to reach out if you have any questions or need further information. We look forward to working with you!

Best regards,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]