

Dear [Recipient's Name],

We are pleased to offer you a personalized schedule for your prenatal yoga classes as part of your maternity care program. Below are the details:

Class Schedule:

- **Class Type:** Prenatal Yoga
- **Location:** [Yoga Studio Name], [Address]
- **Start Date:** [Start Date]
- **Duration:** [Duration] weeks
- **Class Days:** [Days of the week]
- **Time:** [Time]

What to Bring:

- Comfortable clothing
- Yoga mat
- Water bottle

Contact Information:

If you have any questions, please feel free to reach out at [Contact Email] or [Phone Number].

We look forward to supporting you during your pregnancy journey!

Warm regards,
[Your Name]
[Your Title]
[Your Organization]