

Bonita Birthing Solutions, Inc.

11661 Red Hibiscus Drive

Bonita Springs, FL 34135

239-405-7972

registration@bonitabirthingsolutions.com

www.bonitabirthingsolutions.com

**Course Enrollment:
The Women's Center @ Physician's Regional Medical Center**

Mother's Name

Mailing Address

Preferred phone

Alternate phone

Preferred email

Permanent Email

Birthing Companion (spouse, partner, etc.)

Relationship

Birthing Assistant

Relationship (doula, friend, etc.)

Care Provider Name & Title

City

Birthing Facility

City

When is baby expected? (due date)

How many weeks pregnant will you be when
you begin classes?

Labor Prep class: \$70.00 Date(s) _____

ABCs of Infant Care: \$25.00 Date _____

Breastfeeding Class: \$25.00 _____

Please Make Checks payable to:

Physician's Regional Medical Center

Mail your registration form and check to:

Mandy Green RNC, BSN

The Women's Center

Physician's Regional Medical Center

8300 Collier Boulevard

Naples, FL 34114

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Enrollment Agreement

Bonita Birthing Solutions, Inc. and/or Collier Regional Medical Center may contact you for quality assurance and research purposes. If you consent to be contacted now, please note that you are free to change your mind at any time. Be assured that we will not share your personal identifying information with anyone outside Bonita Birthing Solutions, Inc. for any purpose. Thank you for your help in collecting data to support the growth of Childbirth Education Programs in SW FL.

I do _____ I do not _____ agree to be contacted by Bonita Birthing Solutions, Inc and/or Physician's Regional Medical Center.

I hereby state that I am enrolling in *Childbirth Education* of my own free will and with the understanding that this is a program designed to teach me about pregnancy, birth, postpartum and newborn care. I further understand that the content of these classes is in no way intended to be represented as medical advice nor as a prescription for medical procedure. I am aware that I should seek the advice of a health-care provider to answer **any** health-related or pregnancy-related issues surrounding my pregnancy, my labor, or my birth.

I therefore agree that I will in no way hold the instructor of the Childbirth Education classes, or Bonita Birthing Solutions, Inc.®, its owners, or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, my labor, or the birth of my child; and I agree that neither I nor any member of my family will make any claim or initiate any suit against any of the above-named parties now or at any time in the future.

Mother's Signature

Date