

Bonita Birthing Solutions
11661 Red Hibiscus Drive
Bonita Springs, FL 34135
239-405-7972  www.bonitabirthingsolutions.com



HypnoBirthing® the Mongan Method

Course Enrollment

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?

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

I wish to enroll for the HypnoBirthing® class on: date(s)

Location:

**Tuition fee: \$350.00 Group Class
\$495.00 Private Class**

- ❖ **A nonrefundable deposit of \$150.00 is required to reserve your space in class. If paying by check, please make all checks to: Bonita Birthing Solutions, Inc.**
- ❖ **Payment must be made prior to start date.**
- ❖ **All Class dated are Subject to change**
- ❖ **Register so that your class is completed four (4) to six (6) weeks prior to your due date.**
- ❖ **Breaks will be given. You are welcome to bring drinks and snacks.**
- ❖ **Wear comfortable clothes to all classes.**
- ❖ **Time and place of all private classes will be determined with your Certified HypnoBirthing® Practitioner.**

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Enrollment Agreement

The HypnoBirthing® Institute 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 the HypnoBirthing® Institute for any purpose. Thank you for your help in collecting data to support the growth of HypnoBirthing®.

I do _____ I do not _____ agree to be contacted by the HypnoBirthing® Institute.

I hereby state that I am enrolling in the HypnoBirthing® class of my own free will and with the understanding that this is a program designed to teach me to use my own natural abilities to bring my mind and my body into a state of relaxation. 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 HypnoBirthing® classes, or the HypnoBirthing Institute®, its owner, 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