



HypnoBirthing® The Mongan Method with Monica Wong

COURSE REGISTRATION

Mother's Name:

Birthing Facility:

Date of Birth: _____

Birthing Assistant Name:

Mailing Address: _____

Birthing Assistant Name & Relationship:

Phone: _____

(doula, friend, etc.)

Email: _____

Care Provider Name & Title:

Birthing Companion (partner, friend, etc.)

When is baby expected?

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

Tuition fee: \$500 (covers the course supplies, handouts etc.) By registering, you are acknowledging that the \$250 deposit is non-refundable and will hold your spot in the class. The remaining \$250 is due one week before the first class and is not refundable unless notice is given 7 business days before the start of class. In the rare occasion there are not enough couples registered, the group will be cancelled and you will receive a full refund. *Mahalo!*

I wish to enroll for the HypnoBirthing® class beginning (date): _____
Classes will be held in NW Calgary, AB

Emergency Contact (Name, relationship & Phone Number)

Allergies (i.e. food, cat) _____

How did you hear about us (birthing magazine, Google, Google Ad, Calgary's Family, friend)?



COURSE ENROLLMENT AGREEMENT

I hereby state that I have read and agree to the registration and enrollment agreement. I am registering 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 (Monica Wong), 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 _____

Printed Name _____

Date _____

Birth Partner's Signature _____

Printed Name _____

Date _____