

*Birth Seasons Childbirth Classes*

928 200<sup>th</sup> Ave SE Sammamish, WA 98075 / carisa@birthseasons.com / 425-373-6643

Class You are Enrolling In (Dates): \_\_\_\_\_

Your Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Relationship to You (husband, family member, friend, etc.): \_\_\_\_\_

Birth Attendant (midwife/doctor): \_\_\_\_\_

Due Date: \_\_\_\_\_

Planned Birth Location (birth center, hospital, home): \_\_\_\_\_

Number of Previous Births: \_\_\_\_\_

Planning For (an unmedicated labor & birth, medication for pain relief, little medical intervention, undecided): \_\_\_\_\_

How Did You Hear About These Classes: \_\_\_\_\_

Submitting Deposit (\$50)

Submitting Class Fee (\$250)

The non-refundable deposit (\$50) will hold your place in class and the balance is due by the first class session. If your reservation is cancelled you will be refunded the Class Fee (minus the non-refundable deposit).

Make checks payable to Birth Seasons or pay with credit card via Paypal payment (send email to carisa@birthseasons.com and you will receive a payment request)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this signed form and checks to:**

Birth Seasons  
928 200<sup>th</sup> Ave SE  
Sammamish, WA 98075