

Beautiful Birth Hypnosis

HypnoBirthing Childbirth Education, Hypnotherapy & Coaching

HypnoBirthing Childbirth Education Class Agreement

Hi, I'm Patricia M. Castellanos, better known as Patty! I am excited to provide you with the best and most complete childbirth education. As a HypnoBirthing mom that became a practitioner because I saw first-hand the benefits of this program, my goal is to help you release fear to build up your calm confidence.

HypnoBirthing® Childbirth Education Classes consist of 5 comprehensive 2.5 hour weekly classes. You will receive all materials needed for class, including text book, spiral book, downloadable audios, handouts, reources, weekly emails, and ongoing support throughout the 5 weeks.

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 Patricia M. Castellanos, the instructor of the HypnoBirthing® classes, the HypnoBirthing Institute®, its owner(s), and/or representatives responsible for any special circumstances that could arise as a result of my pregnancy, my labor, or the birth of my baby. 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. I also agree not to record any of the HypnoBirthing Classes. I acknowledge that I have reviewed and will pay the Class fees as agreed upon herein.

Printed Name: _____

Signature: _____ Date: _____

Patty M. Castellanos C.Ht, HBCE, HypnoBirthing Practitioner, Certified Hypnotherapist & Coach

Beautiful Birth Hypnosis | The Expression Center | www.theexpressioncenter.com

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HypnoBirthing Childbirth Education Class Enrollment

Name: _____ Pronoun: _____

Birth Companion's Name: _____

Please provide identifying term: Mom Dad Companion Parent Other: _____

Complete Address: _____

Phone: _____ Phone: _____ Ok to Text: Yes No

Email: _____ Email: _____ Ok to Email: Yes No

Doctor/Midwife: _____ Birth Location: _____

Doula: _____ Other Support: _____

Expected Due Date: _____ Weeks pregnant at the start of Classes: _____

Who may I thank for your Referral? _____

I wish to enroll in Online HypnoBirthing Classes with Patty M. Castellanos starting on: _____

Payment for HypnoBirthing Childbirth Education Class Enrollment

Group Classes: \$445.00 | **Semi-Private Classes:** \$100 additional per class | **Private Classes:** starting at \$885.00

A non-refundable deposit of \$95.00 is required to hold class space. Payment in FULL is due on 1st day of Class.

Payment can be made via Zelle to (305) 562-3699 or via Invoice to pay with Credit Card or HSA/FSA card.

Total fees: \$ _____ Group Private Semi-Private: _____

Paid in Full: \$ _____ Zelle Invoice Date: _____ Notes: _____

Paid Deposit: \$ _____ Zelle Invoice Date: _____ Notes: _____

Paid Balance: \$ _____ Zelle Invoice Date: _____ Notes: _____

Comments: _____

