



HypnoBirthing®—the Mongan Method
Julie Sullivan Fields, Certified HypnoBirthing® Educator

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Course Enrollment Form

Mother's Name	Birthing Companion's Name
Birth Companion's Relationship to Mother (please circle): Spouse/Partner Other Family Member (specify): _____ Doula Other (specify): _____	
Home Address: Street Address	Home Address: City, State, Zip Code
Home Phone	Mother's Cell Phone
Mother's Work Phone	Birth Companion's Phone (please specify if this is a cell phone or a work number)
Mother's E-mail Address	Alternate E-mail Address
Emergency Contact Name and Relationship	Emergency Contact's Phone
Birthing Assistant (if applicable)	Relationship (doula, friend, etc.)
Care Provider's Name & Title	Care Provider's Phone Number
Care Provider's Street Address	Care Provider's City, State, Zip Code
Birthing Facility	Birthing Facility's Phone Number
Birthing Facility's Street Address	Birthing Facility's City, State, Zip Code
When is baby expected?	How many weeks pregnant will you be when you begin classes?
I wish to enroll for class beginning (date):	Location :