

# The Expression Center

<https://theexpressioncenter.com/>

## HypnoBirthing Class Enrollment



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(s) of the HypnoBirthing® classes, or the HypnoBirthing Institute®, its owner(s), and/or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, my labor, or the birth of my baby; 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.

I also agree not to record any of the HypnoBirthing Classes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Tuition fee: Group Classes \$445.00, Private Classes starting at \$885.00  
( HB Book & HB relaxation MP3 card is gifted to you for taking the class )  
a non-refundable deposit of \$95.00 is required to hold class space

Make Check payable to **Patricia M. Castellanos** Payment in FULL is due on 1st day of Class

Patricia M. Castellanos LMHC, C.Ht, HBCE

Cell: 1(305) 562-3699 Email: [pmcexpression@gmail.com](mailto:pmcexpression@gmail.com)

<https://theexpressioncenter.com/> facebook page: [facebook.com/pmcexpression](https://www.facebook.com/pmcexpression)



This practitioner is affiliated with the HypnoBirthing® Institute and is currently certified and authorized to teach the complete HypnoBirthing Program.

*HypnoBirthing® - The Mongan Method*

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## HypnoBirthing Class Enrollment Se Habla Español

Name \_\_\_\_\_ Please select your pronoun  She  He  They

Birth Companions Name \_\_\_\_\_

“Please fill in your Birthing Companions identifying term for use in the birth journey:  
mom, dad, birthing companion, parent, other \_\_\_\_\_.”

Complete Address \_\_\_\_\_

Phone(1) \_\_\_\_\_ Phone(2) \_\_\_\_\_

Email(s) \_\_\_\_\_

Birthing Assistant \_\_\_\_\_ Relationship \_\_\_\_\_

Due Date \_\_\_\_\_ Birthing Location \_\_\_\_\_

Doctor/Midwife \_\_\_\_\_

Referred By \_\_\_\_\_

I wish to enroll for HypnoBirthing® classes starting on \_\_\_\_\_

Weeks pregnant when class starts \_\_\_\_\_ wks Comment \_\_\_\_\_

**Patricia M. Castellanos 1 (305) 562-3699**

Paid deposit \$ \_\_\_\_\_  venmo  zelle ck# \_\_\_\_\_ Date \_\_\_\_\_

Paid balance \$ \_\_\_\_\_  venmo  zelle ck# \_\_\_\_\_ Date \_\_\_\_\_

Total Fee \$ \_\_\_\_\_  Group  Private - Payment in FULL due 1st day of Class

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for HB Childbirth Educator use:

Book/Mp3 \_\_\_ Handouts \_\_\_ Picture \_\_\_ Class Report \_\_\_\_\_ Birth Story \_\_\_  
Class Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_