



### **Course Enrollment**

\_\_\_\_\_  
**Mother's Name**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Preferred phone**

\_\_\_\_\_  
**Alternate phone**

\_\_\_\_\_  
**Preferred email**

\_\_\_\_\_  
**Permanent Email**

\_\_\_\_\_  
**Birthing Companion (spouse, partner, etc.)**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Birthing Assistant**

\_\_\_\_\_  
**Relationship (doula, friend, etc.)**

\_\_\_\_\_  
**Care Provider Name & Title**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Birthing Facility**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**When is baby expected?  
Birth**

\_\_\_\_\_  
**How many weeks pregnant will you be when  
you begin classes?**

I wish to enroll for the HypnoBirthing® class beginning (date): \_\_\_\_\_

Location: Crown Of Life Lutheran Church 5820 Daniels Pkwy, Fort Myers FL 33912

**Tuition fee: \$300/five week class \$400 individual or private  
(Fee includes textbook, 2 audio practice CDs, and handouts.)**

Tuition assistance is available for clients with limited income.

***To receive your text and CD prior to the first class***

***Please send this form with a \$50 tuition deposit.***

***We will mail your materials to you.***

**Make Check Payable to**

**Wendy Luchterhand**

**5800 Daniels Pkwy**

**Fort Myers, FL 33912**

**239-470-5749**

## ***Enrollment Agreement***

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 the instructor of the ***HypnoBirthing***® classes, 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.

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Mother's Signature

Date