



Kim Young, CHBE, Instructor  
Body and Birth Wellness Center  
438 Walnut Street, Sewickley, PA 15143  
ph: 412-716-1559

## *HypnoBirthing®--the Mongan Method*

### **Course Enrollment Form**

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? \_\_\_\_\_

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

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

Location: \_\_\_\_\_

**Tuition fee: \$395.00**  
(fee includes textbook, audio practice CD, and handouts.)

To receive your text and CD prior to the first class  
please send this form with a \$50.00 tuition deposit.

Make Check Payable to **Kim Young**

## Enrollment Agreement

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 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



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