



Confident Birthing Class Registration

Please identify class session DAYS AND DATES for which you are enrolling:
Monday OR Tuesday evenings (circle one). Class Session dates: _____

Your name: _____

Address: _____

City, State, Zip: _____

Email address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Occupation: _____

Age: _____

Partner/Support Person's Name: _____

Relationship to you: _____ His/Her Occupation: _____

Your Midwife/Doctor: _____

Due Date: _____ Number of previous births: _____

Birth location: _____ Children at home: _____

To ensure a place in the class you may send tuition-in-full OR a \$75.00 non-refundable reservation deposit. Deposit is applied to tuition and an invoice will be sent to you for the balance due. Make checks payable to: Kyndal May

Enclose Payment : \$75. Deposit. The balance of \$150.00 is due two weeks prior to the first class.
Please mark your calendar with the date the balance is due & here: _____

\$225. Tuition-in-full (CLASS NOW INCLUDES A COMPLETE BREASTFEEDING CLASS with Lactation Consultant, Lynnelle King, IBCLC)

Electronic Payment:

You may also email this completed registration form to me at Kyndal@babybumpservices.com and I will send an electronic invoice to you so that you may pay the tuition online via Square. Once the invoice is paid, I will add you to the roster and send you a confirmation.

Please send me an electronic invoice for the deposit of \$75.00.
I understand I will not be added to the roster until payment is received and I understand **the balance of \$150.00 is due two weeks prior to the first class.**
Please mark your calendar with the date the balance is due & note it here: _____

Please send me an electronic invoice for the full tuition of \$225.00. I understand that I will not be added to the roster until payment is received.

A \$20.00 per class refund is available if 4 or more classes are missed for medical reasons.

Please sign below and return this document with your deposit or full tuition.

Signed _____ Date _____

Please send your check with this form to:

Kyndal May/Baby Bump Services
1471 N. Mansfield Place
Eagle, ID 83616

Please tell me ... how did you hear about **confident birthing**?