

crescent moon
childbirth services



Birth with Hypnosis Class

Contact: Phone: 604-535-1175 ext3 Fax: 604-648-9791
laurel@crescentmoonchildbirth.org

Clinic Location: Upstairs (entrance around right side of the coach house) at 201-2775 McKenzie Ave (at Beecher) in Crescent Beach.

Parking: Street parking.

What your registration fee includes: This package includes the class and related handouts.

What to bring: Pillow, pen or pencil, and copy of Baby's Best Chance (if you have one).

Classes are flexible based on the needs of the class; each evening we practice hypnosis techniques and scripts are recorded to support your specific needs. Other topics may include third trimester issues, normal birth, comfort measures, variations, breastfeeding, and life with baby. Audio recordings are emailed to you at the end of each class.

Classes are \$200 and pre-registration is required. Class size is limited. Subsidies may be available through our society.

Refund and Cancellation Policy: You will receive a full refund if you provide notification 10 days prior to the class. Full or partial refunds will be given to those who give birth prematurely or experience a miscarriage and are therefore unable to attend any part of the classes. There is a \$20 processing fee for all refunds. CMCS reserves the right to cancel classes due to low enrollment. If your class is cancelled for this reason, you will be notified and given the opportunity to sign up for the next available session. In the event of course disruptions, beyond the control of Crescent Moon Childbirth resulting in course cancellation, fees will be refunded on a pro-rated basis depending on the number of classes scheduled before the disruption began.



Registration Form

Dates of the class you would like to attend: _____

Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email address: _____

Husband/Partner/Labour Support _____

Phone Number: _____ Email address: _____

Is this your first pregnancy? ? yes ? no

Do you have children? ? yes ? no If yes, their ages? _____

What is (are) the name(s) of your primary prenatal healthcare provider(s)?

How did you hear about us? _____

What books have you read, or are planning to read? _____

Is there anything else that you would like your childbirth educator to know? _____

Checklist (for your convenience)

- 1. To register, please call 604-535-1175 x 3 to confirm the date you want is still available.
- 2. Confirm your space by clicking on the 'shop' tab on our website and put the desired class in your cart. You may also pay by cash or cheque—please call for more information.
- 3. Please return this registration form to:

**Crescent Moon Childbirth Services,
201-2775 McKenzie Ave,
Surrey, BC V4A 3H5
Or via email to info@crescentmoonchildbirth.org
Or by fax 604-648-9791**

Thank you for sharing your birth and parenting experience with us!