



*charlene yared west*  
EMPOWERING BIRTHS + NEW PARENTS

+ SERVICES +

Relax Into Birth Antenatal Course + Holistic pregnancy, induction and postnatal massage + Fear Release  
Hypnotherapy One-on-One + Birth Options Consultations + Doula Services  
eBooks + eCourse + Relax Into Birth App \*coming soon\*

+ B. JOURN, DHP, HBCE + DOULA +

Bachelor of Journalism, Rhodes University, Diploma in Hypnotherapy with Psychotherapy, Essex Institute,  
Hypnobirthing Childbirth Educator + WOMBS Doula

+ JOIN MY FACEBOOK GROUP + <https://www.facebook.com/groups/EmpoweringBirthsAndNewParents>

+ LIKE MY FACEBOOK PAGE + <https://www.facebook.com/relaxintobirth/>

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**Course Enrolment Form**

Mother's Full name&Surname:	Cell No:
Email Address:	Home No:
Companion/Partner/Father name&surname:	Are you hiring a Doula? Who?
Home Address:	Are you hiring an independent Midwife?
What other antenatal classes have you done?	Obstetrician/Gynae:
Place of birth:	How did you find out about RELAXintoBIRTH?
Expected due date:	What do you hope to achieve with the course?
What course dates/Venue have you chosen to do ?	
If you choose to hire me as your doula, you will be eligible for a free doula consult (worth R350), upon completion of the Relax Into Birth Course. See additional attachment: <u>Rate Card</u> .	

*To reserve your place, please return this form with proof of payment of a R500.00 deposit (non-refundable, deducted from total fee of R950.00) to the following bank account: **A/C NAME: Mrs C West, BANK: FNB, BRANCH NUMBER: 250655, A/C NUMBER: 6233 680 5885, A/C TYPE: FNB Gold Cheque Account** PLEASE USE YOUR NAME AS THE REFERENCE FOR PAYING THE DEPOSIT. The remaining balance of R450.00 is due before the commencement of the first class of the course.*

## Enrolment Agreement

I hereby state that I am enrolling in the *RELAXintoBIRTH* class of my own free will and with the understanding that this is a programme 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 labour, or my birth.

I therefore agree that I will in no way hold the instructor of the *RELAXintoBIRTH* classes responsible for any special circumstances that could arise as a result of my pregnancy, my labour, 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.

Mother's Signature

Date