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**Enrolment Form**

**Please complete the form below and return by email to rebecca@marketstrategy.com.au**

|  |  |
| --- | --- |
| **Mother’s Name** | |
| **Mailing Address** | **Suburb, State, Postcode** |
| **Preferred phone** | **Mobile / Alternate phone** |
| **Preferred email** | **Permanent Email (after baby is born)** |
| **Birthing Companion (name of spouse, partner etc.)** | **Relationship** |
| **Birthing Assistant (if applicable)** | **Relationship (doula, friend, etc.)** |
| **Care Provider Name & Title (eg. midwife/doctor/obstetrician)** | **Location** |
| **Hospital / Birthing Facility** | **Location** |
|  |  |
| **When is baby expected?** | **How many weeks pregnant will you be when you begin classes?** |
| **Is this your 1st, 2nd, 3rd etc baby?** | **Is this birth a VBAC or is there any important information/medical conditions/psychological or psychiatric treatment you need me to be aware of before classes commence?** |
| **I wish to enroll for the Course beginning (date):** | **Location:** |
| **Where did you hear about us?** | |

Tuition fee: $ 500 Group Classes

Fee includes your training folio & downloads.

Payment Plan/discount available for clients with limited income.

##### *To hold your place in the class, please return this completed form with a $150 non-refundable tuition deposit. Final payment is due 7 days prior to course start date.*

**Payment can be made by cash or direct deposit.**

**Please include your surname as reference on the transaction.**

**Direct Deposit Details**:

Commonwealth Bank

Market Strategy Pty Ltd

BSB 066124

Account Number 10268306

Graphical user interface, application

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