Esther Healey, CPM, LM
336 East 15th Street #3, Oakland, CA 94606
Esther@MandalaMidwifery.org
www.MandalaMidwifery.org
Work: (510) 479-0905
Fax: (888) 806-9078

Homebirth Focused CBE Registration

Name (Mother)	EDD	Name (Partner)	
Phone (Mother)		Phone (Partner)	
E-mail (Mother)		E-mail (Partner)	
Address (Mother)			Midwives

Please select the appropriate box(es):

❑ I am NOT planning a homebirth and the fee for CBE class is $350.

❑ I am planning a homebirth.

The fee for CBE class is 8% of your Birth Services fee, but no more than $350 and no less than $150.

My Birth Services fee is $_____. Therefore the class fee is $_____.

❑ I have confirmed a discount with Mandala Midwifery of $_____. This makes the total due $_____.

To reserve a space in the class send a $150 non-refundable deposit and *this* class registration form.
The remaining fee is due in-full two weeks before the class start date to continue to hold your space.

I agree to and understand the following, as denoted by the placement of my initials:

_____ Cancellations made before two weeks of the start date will receive the fee back in full less the non-refundable deposit.

_____ Once class has begun, no refunds will be warranted, even if the baby has been born before the end of the series, with the exception that the baby is born before the start of the second class. If the baby has been born before the start of the second class, I understand I will receive the fee back in full less the non-refundable deposit.

_____ I understand for no other reasons will funds be returned.

_____ I understand Esther is on-call 24 hours a day to attend births. In the event she need to be with a family, she will e-mail or text you as soon as she knows there will be a conflict. Please check your e-mail before coming to class.

_____ I have saved the date for the Monday following the last class as a possible make-up class.

Classes are at Esther's home apartment near Lake Merritt: 336 East 15th Street #3, Oakland, CA 94606.

Doors will open at 6:45 pm. Please allow ample time to find parking and get settled so that we can start on time.

Please be sure that you and your partner have done your best to read *Ina May's Guide to Childbirth* before class has started.

Please complete the CBE Questionnaire. In order to meet the individual needs of the participants, it will be very helpful to have some information in advance. This is for you and your class partner to fill out on your own, as you two have different needs and expectations. Please send it to me so that I have it one week before the start of the class. I hope these questions will also serve to stimulate your own thoughts and feelings about this truly amazing upcoming birth.

Client (Please Print) *Signature* *Date*