



ENROLMENT FORM

To enrol in any courses/classes please complete this form and return it together with payment.

Title: _____ First name: _____ Last name: _____

Home Address: _____

_____ Postcode: _____

Email: _____ Daytime tel no: _____

Mobile no: _____

Due Date: _____ Partners name: _____

Where do you plan to give birth? _____

What would you like to book for? _____

COURSES

CHILDBIRTH PREPARATION COURSE

Course Start Date: _____	Saturday Workshop Date: _____
(4 Thursday evenings & 1 Saturday morning)	Cost £135 per couple

ACTIVE BIRTH WORKSHOPS

Active Birth Workshop (Saturday Morning)	Date: _____	Cost £40 per couple
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Active Birth Workshop (Saturday Full Day)	Date: _____	Cost £75 per couple
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Home Birth Workshop	Date: _____	Cost £40 per couple
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(Saturday Morning) _____

PREGNANCY YOGA & DISCUSSION CLASSES

2 hour sessions:

Please indicate 1st and 2nd choice

Mondays	The Meadows Centre	6.30 – 8.00 pm	<input type="checkbox"/>	Cost £48 per 6 weeks
Tuesdays	Physic, Girton	6.30 – 8.30 pm	<input type="checkbox"/>	Cost £60 per 6 weeks

Preferred Start Date _____ We will endeavour to get as near to this date as possible

Do you intend to:

‘√’

Just complete one block of 6 weeks

Continue until your due date

Not sure yet

This is just so we can have a rough idea of numbers, you can change your mind!

Declaration

"I understand that Birthlight will not be liable for any loss, damage or injury that may occur whilst on the class premises. I understand that Birthlight does not give refunds once the course has started, or if lessons are cancelled due to unforeseen circumstances (cancellations are then subject to a £5.00 administration charge), credits for future terms are at Birthlight's discretion. I understand that details on this form are entirely confidential and although are entered onto a computer database, are for personal use of Birthlight only."

Signed _____ Dated _____

Please make cheques payable to "**Birthlight/Sally Lomas**"

If you have any other questions, please call or email, details as below

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