



# NewBorn Concepts

*Inspiring positive pregnancies,  
births and breastfeeding babies*

**Robin B. Frees**  
CHt, HBCE, IBCLC

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[www.newbornconcepts.com](http://www.newbornconcepts.com)



**HypnoBirthing®**

A Celebration of Life

Dear Mother-to-be,

Thank you for your interest in joining a HypnoBirthing childbirth education class. Please see the schedule on our website for the dates and times currently being offered and make your selection. Future classes will form. Please inquire about additional dates if needed.

Each session includes more than 10 hours of class time devoted to learning and using HypnoBirthing. The classes are small and effective. The tuition is \$325 for you and your birth companion(s) and also includes the following materials; a book, CD and handouts. If two couples register, the tuition is \$295 and three or more couples is \$275. There is an optional breastfeeding class for an additional \$25. Once you decide to take the course and I receive your deposit, I will send you the book and CD. Directions to class are available on our website [www.newbornconcepts.com](http://www.newbornconcepts.com).

To enroll now, please forward a deposit in the amount of \$75 (payable to Robin Frees) to reserve your space in the class. The balance will be due when the course begins. Many insurance companies will reimburse you for taking a childbirth preparation class so I will provide you with an insurance receipt when you pay the balance of your tuition at the first class. To help me customize the program and to best serve you please complete the two forms below and return them with your deposit. Please indicate at the top of your enrollment form which session date you are interested in attending.

I look forward to seeing you and your birth companion(s). If you have any questions please call.

Sincerely,

*Robin B. Frees, CHt, HBCE IBCLC*



HypnoBirthing®Institute

Teaching birthing as an easier, more comfortable celebration of life.

### Enrollment Form

**(Return with Consent form and a \$75 deposit payable to "Robin B. Frees" Mail to 8 Salibury Lane Malvern, PA 19355)**

**Dates of the class you want to attend \_\_\_\_\_**

**Do you need the Book and the Rainbow Relaxation CD ? (check the box)**

Mother's name \_\_\_\_\_ Home Tel. \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
# Street City/State/Zip

Occupation \_\_\_\_\_ WorkTel. \_\_\_\_\_

Employer/Address \_\_\_\_\_

Due Date \_\_\_\_\_ Order of Birth (Circle One) 1 2 3 4 5 6

Physician/Midwife \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

Father of Baby Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Birth Companion \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

Educational Level of Mother: 8 9 10 11 12 13 14 15 16 Adv. Degree \_\_\_\_\_

Educational Level of Father: 8 9 10 11 12 13 14 15 16 Adv. Degree \_\_\_\_\_

Birthing Facility/Location \_\_\_\_\_

Previous Childbirth Preparation Class? Yes No

Which \_\_\_\_\_ Location \_\_\_\_\_

How did you learn about HypnoBirthing? \_\_\_\_\_

How did you find this class? \_\_\_\_\_

## **Enrollment Agreement**

*The HypnoBirthing® Institute may contact you for quality assurance and research purposes. If you consent to be contacted now, please note that you are free to change your mind at any time. Be assured that we will not share your personal identifying information with anyone outside the HypnoBirthing® Institute for any purpose. Thank you for your help in collecting data to support the growth of HypnoBirthing®.*

I do \_\_\_\_\_ I do not \_\_\_\_\_ agree to be contacted by the HypnoBirthing® Institute.

I hereby state that I am enrolling in the **HypnoBirthing®** class of my own free will and with the understanding that this is a program 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 labor, or my birth.

I therefore agree that I will in no way hold the instructor of the **HypnoBirthing®** classes, or the **HypnoBirthing Institute®**, its owner, or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, my labor, 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.

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Mother's signature

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Date