

Today's Date: _____
Name: _____ Partner's Name: _____
Occupation: _____ Occupation: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: (H) _____ (W) _____ (C) _____
email: _____
Due Date: _____ Doctor/Midwife: _____
Delivery Location: _____ Doula: _____

I would like to register for the Lamaze Series starting: _____

How did you hear about Serenity Birth Studio?: _____

Payment must be made in full at time of registration and is non-refundable.

Cancellation Policy:

A credit note will be given if a complete childbirth series may not be attended due to medical reasons. Once a childbirth series has started, no refund or credit will be given. For missed classes, make-up classes will be offered in another available series. Serenity reserves the right to cancel classes with full reimbursement.

Serenity Birth Studio Release of Liability:

I am aware that all written or verbal information provided by Serenity Birth Studio is for information only. I hereby release Serenity Birth Studio's owner and employees from all liability resulting from decisions made by me using the education/information provided.

Serenity Birth Studio is aware of, and subject to the government privacy policy regulations. A Privacy Policy is in place and available for review at reception. Personal belongings are not the responsibility of Serenity Birth Studio. Please note that returned cheques are subject to a \$50. charge.

By signing/submitting this form, please be aware that you are agreeing that you have read and fully understand the Serenity Birth Studio Cancellation Policy.

Signature: _____ Date: _____