

opencircleRI.com
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401-338-5466

CLASS SERIES + WORKSHOP REGISTRATION

Program _____ Program Date _____ Fee* \$ _____
Program _____ Program Date _____ Fee* \$ _____
Program _____ Program Date _____ Fee* \$ _____

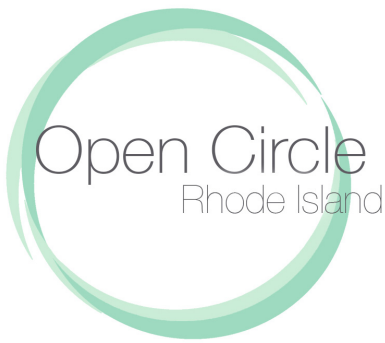
* We have an income based fee program. More information or help determining the cost for your family can be found on our website or by calling 401-338-5466.

- 6-8-week comprehensive birth workshop
Individual workshop/s
Yoga, Dance, or Infant Massage Series
Pregnancy/Postpartum Health History attached
Early Registration Discount
Applying for income-based reduction
Reduced rate application attached

Please register as much in advance as possible. Forms can be emailed, but please understand that we cannot guarantee confidentiality in transit. They can also be mailed to: Open Circle, c/o Kaeli Sutton, 410 North Broadway, East Providence, RI 02914. Note that workshops will run with a minimum of 4 women/families, and classes a minimum of 6. You will be informed as early as possible if it appears the course may not run due to low enrollment.

Your Name _____ Birth Support Name _____
Today's Date _____ Estimated Due Date or Baby's Birth Date _____
Address _____ City _____ State _____ Zip _____
Mother ☎ _____ Mother Email _____
Support ☎ _____ Support Email _____

How did you hear about this workshop?



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Birth Location _____ Hospital _____ Home _____

Doula? Yes No Name _____

Who is your prenatal healthcare practitioner/practice _____

Do you your child your support person have any physical or emotional injuries, illnesses or special needs?
If yes, please explain:

For Birthing Series + Workshop Participants only:
Do you or your support person have a history of frostbite or Raynaud's syndrome in the hands? Yes No
If yes, who? You Your Support Person

Anything else you'd like us to know?

I understand that I am registering for the workshop or class listed above. I understand that full payment of the workshop/class fee will reserve my space, and that payment plans can be arranged if needed. I understand that the workshop fee cannot be reimbursed without written/emailed withdrawal 2 weeks prior to the class start date. With adequate notification, the fee will be returned, minus a \$35 administrative fee.

I have informed my teacher of any injuries or health conditions I, my child or partner has. I have read and agree to the Payment Policies listed herein.

signature _____ date _____