



1088 Bishop St. #1712, Honolulu, HI 96813
Phone No: (808) 200-9609

HypnoBirthing® Infant Massage Class Enrollment

Child's Name: _____ Date of Birth: _____

Mother's Name: _____

Phone: _____ Email: _____

Address: _____

City _____ State _____ Zip: _____

Occupation: _____

Companion's Name: _____

Relationship (e.g. Father, nanny etc.): _____

Phone: _____ Email: _____

Occupation: _____

Briefly, describe the child's birth (natural, C-sec birth, interventions etc.)

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Class Date and Time for Enrollment

Date of Class 1: _____ Time : _____

Date of Class 2: _____ Time : _____

Date of Class 3: _____ Time : _____

Date of Class 4: _____ Time : _____

Date of Class 5: _____ Time : _____

How did you hear about us? _____

Please check if any discount is applicable.

(***No double discount except group discount.)

- HMSA discount – 10% off.
(Please present your HMSA insurance card during the first class.)
- Early Bird discount - \$15 off.
(Please have your enrollment form and deposit sent to HypnoVivi one week before the first class.)
- Group discount – Extra 5% off
(Please provide the names of other couples: _____)
- Other discount (Please specify: _____)
(Please present your coupon during the first class.)

Signature: _____

Date: _____