



CLASSES FOR HOLISTIC DOULA PROGRAM

This is the class list form, which must be filled out and submitted with your enrollment materials.
We need one form for each program.

- First, please put a check next to the one program that you will be enrolling in with this form:

<input type="checkbox"/> Natural Health Educator (1 st year program)	<input type="checkbox"/> Natural Health Practitioner (3 rd year program)
<input type="checkbox"/> Natural Health Therapist (2 nd year program)	<input type="checkbox"/> Certified Naturopath (4 th year program)
	<input type="checkbox"/> Holistic Labor Companion (6 month program)
- Second, please write in each class name in full and the date it meets; this will reserve a seat for you.

	Class name in full	Date I will take this class
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.	FINAL EXAM	

Housing Accommodations Needed Yes / No

I am aware that if I fail to give 14-day written notice that I will be absent, I must pay a \$100 fee to attend the class at a later date. I also understand that I must register at least two days in advance for any class.

_____	_____	_____
Signature	Print name	Date

Note: Registration will not be accepted on the day that class begins.