



BIRTH AND BEYOND GROUP PTE LTD

| | |
|------------------------------|-------|
| for Official Use Only | |
| Class(es) No(s) : | _____ |
| Date Booked : | _____ |
| Amount Paid & OR# | _____ |
| Voucher No : | _____ |

REGISTRATION FORM

| | Name | Age | Profession | Nationality |
|-----------------------------------|---------------|---------------|-----------------|-----------------------|
| Mother-to-be | | | | |
| Father-to-be | | | | |
| Address | | | | |
| Email Address | | | | |
| Telephone | (Home) | (Work) | (Hp) | (Father-to-be) |
| Estimated Date of Delivery | | Dr. | Hospital | |

How do you know about us?

- Friends / Family recommendations
 Website
 Magazine (Pls specify: _____)
- Media (TV)
 Gynaelogy (Pls specify: _____)

Please tick the classes you are registering for:

- Prenatal Services
 Prenatal Exercises
 Doula Services
- First Aid/CPR For Parents
 Infant Care & First Aid/CPR for Domestic Workers
- Postnatal Service
 Postnatal Exercises
 Baby related courses
- Babysitting Service
 Confinement
 Other workshop

For Prenatal Services:-

1) Any problems with the pregnancy so far? Yes/ No
If Yes, please give details.

2) Please indicate which topics are of particular interest to you and/or your partner.

3) Do you wish to breastfeed? Yes /No

4) Please circle your present feelings about caring for a newborn.

OK A Little Nervous Quite Nervous Scared

For Exercises:-

1) Do you have any of the following?:-

Cardiovascular Disease Yes / No
High Blood Pressure Yes / No
Back Problem Yes / No
Orthopedic Problems Yes / No

2) Do you smoke? Yes / No

3) Do you have any past or present complications? Yes / No

We do advise that you inform your doctor of your participation in a exercise programme.

For First Aid/ CPR for Parents / Domestic Workers:-

1) Have you ever done a First Aid course before? Yes / No

2) Has your domestic worker ever done a First Aid course before? Yes / No

3) Please could you rate your domestic worker's ability to speak and understand English

Poor Basic Good

For Postnatal Services:-

1) When did you deliver?

2) What kind of delivery did you have?

3) Are you breastfeeding? Yes / No

1) Do you require a detailed invoice? Yes / No

2) Are you agreeable to your contact details being given to your own class members? Yes / No

Enclosed herewith crossed cheque made out to "Birth & Beyond Group Pte Ltd" no _____ / cash / visa/
nets amounting to S\$ _____

Signature: _____ Date: _____



BIRTH AND BEYOND GROUP PTE LTD

Registration Form Policy

Waiver of Claims

Whilst **the Company** is taking all reasonable care to conduct classes safely, I / we assume full and complete responsibility for my / our participation in this programme(s) and any injury or accident which may occur while we are participating or as a result of the participation. We understand that we are participating at our own risk. **We do advise that you inform your doctor of your participation in a exercise programme.**

Birth & Beyond reserves the right to make any changes to class dates and schedules if deemed necessary.

Upon Registration:

- ❖ Full fees for classes signed up for must be paid at the point of registration, or at least 2 weeks before commencement of classes to avoid cancellation.
- ❖ A deposit of S\$50 have to made 1 month before commencement of classes to secure a place as our class size is small (maximum only 8 couples).
- ❖ Payment can be made by cash, VISA, MASTERS or cheque.
- ❖ Classes must be taken consecutively from start date. No refund will be given. Make up class will be given if a client misses a class or two.

Cancellation Policy:

- ❖ A full refund will be given, less S\$50.00 administration charge, if classes are cancelled due to bedrest or repatriation.
- ❖ 75% of the total fee paid will be refunded if notification of withdrawal is received at least 14 working days before commencement of class.
- ❖ No refund will be given, if notification of withdrawal is received less than 7 working days from commencement of class.
Specific to exercise classes only, clients who give birth before completion of Pre-natal exercise classes shall be given an overlap period of 12 weeks from date of delivery to complete the course in post-natal exercise classes only.
- ❖ Once classes have commenced,
 - o No refund will be given for unattended classes, for whatever reason and/or if more than 50% of the course has been completed.
 - o If you are unable to attend classes for medical reasons (proof of doctor's letter must be produced) and have not completed 50% of the course, pro-rated fee will be refunded, less S\$50.00 administration charge.

Email: enquiry@birthandbeyond.com.sg

Address: 19 Tanglin Road #05-18 Tanglin Shopping Centre, Singapore 247909

Tel: 6736 1636/7