

**Charis Course for Childbirth Professionals
Application for Enrollment**

Name _____ Birthday _____
Address _____
City/State/Zip _____
Telephone (daytime) _____ (evening) _____
(cell) _____ (fax) _____
Your time zone _____ E-mail _____
High School (or equivalent) _____ Year graduated _____
Address _____

Course of Study for which you are applying (choose either the midwifery track OR your choice of one or more of the other three):

- Midwifery Track
- Childbirth Educator Track
- Doula Track
- Lactation Counselor Track

Briefly describe your experience in birth-related areas:

Briefly explain why you are seeking Charis education:

If you are married, is your husband completely supportive of your decision to become a childbirth professional?

Do you have previous midwifery education or are you certified through an organization such as ICEA, ALACE, DONA, etc?

Explain:

This application must be accompanied by the following:

For Midwifery Students-

- \$550 registration/admin fee
- \$990 quarterly tuition
- \$30 yearly membership
- College transcript indicating your completion of 8 credits of college level Human Anatomy and Physiology (2 semesters of lecture and lab) with a grade of C or better, or a note from you (include the name of your educational institution) stating that your educational institution will be mailing your college transcript directly to Charis.

For CE/Doula/Lactation Students-

- \$375 registration/admin fee
- \$300 quarterly tuition
- \$30 yearly membership

(Make checks payable to **Charis Childbirth**)

By signing below, I indicate that I understand and am in agreement with the Charis Childbirth *Vision and Mission Statement* and am enrolling in the Charis Course for Childbirth Professionals.

Signed _____ date _____

Please allow up to 4 weeks for processing.

Your manual will be mailed and you will be contacted by your Charis coach to set up your standing coaching appointments as soon as your registration has been processed.

Mail this application and payment to:

**Charis Childbirth
2575 N. Toledo Blade Blvd., Suite 3
North Port, FL 34289**

___Check here if this is a "special circumstances" application for a student under the age of 18. A parent or legal guardian must sign below the applicant's signature above. Also, please include a letter describing the "special circumstance". A member of the Charis Administration Team will contact you when the application is received. Acceptance into the Charis program will be granted on a case-by-case basis. (Examples of "special circumstances" would include a mature child who has graduated early from high school or a mature, academically advanced homeschooler who wishes to incorporate the Charis Course into her advanced high school science and language arts program.)