

# Christian Heritage Academy of Midwifery Enrollment Form

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Name	MI	Last	Date of Birth / /
Address			Best <u>way</u> to reach you:
City	State	Zip Code	Best <u>time</u> to reach you:  AM PM
Email Address (Please write legibly):			Phone Number and type:

Enrolled in:		Date of Enrollment	Expected Completion Date
Midwifery Institute of America (MIA)	Y N	/ /	/ /
Other midwifery program (List Below)	Y N	/ /	/ /

I plan to enroll in CHAM:			
Full-time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>

I plan to enroll in Rocky Mountain Doula Training: Y N			
Attached is:	<input type="checkbox"/>	Payment*	<input type="checkbox"/>
		Enrollment form	<input type="checkbox"/>

\*Doula training is free for those enrolled in CHAM

Prior Birthing Experience:		Number:
Personal Birthings	Y N	
Attended Births	Y N	
Medical Training	Y N	
Doula Training	Y N	

Certification:	School/Organization	Date	Type
Medical (Nurse, Doctor, etc)		/ /	
Doula Training		/ /	
Natural Health		/ /	
Other		/ /	

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CHAM offers different options for students and their families to pay enrollment. Please note the prices below before selecting payment plan.

Payment Plan:	Enrolled in MIA	Not Enrolled in MIA	Payment due:
Monthly	\$145	\$185	15 <sup>th</sup> of each month
Session – Four per year	\$425	\$537	31 <sup>st</sup> of first month of each session
Yearly	\$1645	\$2145	At beginning of school year

I will pay:

Monthly	<input type="checkbox"/>	Session	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
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My payment type is:

Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>
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(Checks are payable to AME with “CHAM” and students name listed in the memo line.)

By submitting this completed form, I hereby state that all information is accurate to the best of my knowledge.

I agree to follow Christian Heritage Academy of Midwifery’s (CHAM) Biblical Philosophy, which is attached to this form, and encourage my fellow students to live according to the Word of God, The Holy Bible.

By signing below, I agree to make payments by the day stated per my payment selection. If payment has not been received by required date, a 15% penalty fee will be added to the payment.

I acknowledge that after two missed payments, I will be unenrolled from CHAM upon missing the third payment and will not be allowed to participate in skills classes, access school resources, or reenroll until payments are made.

By signing below, I agree to CHAM’s Withdrawal/Cancelation policy.

By stating that I am enrolled in Midwifery Institute of America, I agree to secure and purchase the required material at my expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

<b>Payment Plan:</b>	Yearly/Session/Monthly	Enroll in/Pay for Doula* Paid: \$	<b>Date of Enrollment</b> / /
<b>Payment Type:</b>	Check/Credit Card Number:	Amount Paid \$	<b>Date of Payment</b> / /

\*Doula training is free if enrolled in CHAM