



Brokenhearted-Healing Home Application

(E-mail completed application to hope@brokenhearted-healinghome.com)

Name: _____ Date: _____

Preferred Name: _____ Preferred Pronouns: _____

Birthdate: _____ Age: _____ Ethnicity: _____

Gender at Birth: _____ Gender Identity: _____

Country of Birth: _____ Citizenship: _____

Religious Affiliation (if any): _____

Current Address: _____

Phone #: _____ E-mail Address: _____

Preferred method of contact: ☐ Phone Call ☐ Text Message ☐ E-mail

Emergency Contacts

Primary:

Name: _____ Relationship: _____

Phone #: _____ E-mail address: _____

Emergency contact should be provided with our contact information such as email address and WhatsApp #.

Health Insurance, Name of Provider: _____

Policy #: _____ Phone #: _____

A Bit About Your Journey

We would appreciate it if you would write a short essay or send a video clip of your journey and why you feel coming to our retreat will be beneficial to you.



Accommodation and Booking Information

Healthcare Provider

_____ Yes, I wish to consult with the dietitian.

_____ Yes, I wish to consult with another healthcare professional

Please state desired Healthcare Professional: _____

Week Session/Room (6 days and 5 nights from Sunday-Friday)

We offer 4 different sessions. Please see our schedule for available dates for the sessions. They are as follows: Grief and loss, Physical Health, Spiritual Health and Upholding Mothers. If you have a party of at least 6 individuals and you'd like another session focus, please let us know and we'll see if we can accommodate it.

Session Topic: _____

Session Dates: _____ # in Party: _____

Room Occupancy: _____ Private Room _____ Shared Room

_____ Yes, I would like to book one additional night (Friday)

_____ Yes, I would like to book two additional nights (Friday and Saturday)

Weekend Session (3 days and 2 nights from Friday-Sunday)

The weekend sessions do not include all activities such as in-person consultations. Please see the sample schedule. Requests can be made for opt-in options.

Meals:

Will you be eating supper on the premises? We serve plant-based meals only.

_____ Yes _____ No

Other Opt-In Options

_____ Daily Housekeeping (\$10.00/day)

_____ Laundry Service (\$15.00/load for wash/dry and fold)

_____ Additional Consultation (Depends on professional-Dietitian is \$75.00/session)

Additional Tours

_____ Horseback Riding (Typically about \$80-\$100.00)

_____ Harrison's Cave (Basic Tram is \$65.00-\$90.00)

_____ Bajan Food Walking Tour (\$92.00)

_____ The Gardens Tour: Hunt's Garden and The Flower Forest (\$40.00)

_____ Basket weaving and Bush Tea (\$125.00)

****Prices may vary at time of registration.***

Opt-Out Options

_____ Catamaran Tour

_____ Consultations

_____ Spa Package

**Disability**

Do you have any disabilities we need to be aware of? _____ Yes _____ No

If yes, please explain and specify the accommodations needed.

\$250-500.00 US Refund

We include a \$500.00 refund with the 5-night package and \$250.00 with the 2 night package. They are refunded **on arrival**. We can give you the equivalent in cash which would be \$250 or \$500.00 US or \$500 or \$1000.00 BBD. We can also refund it back to you. Which, would you prefer? _____ Cash on Arrival _____ Online Payment

If you were referred by someone, please state by whom.

By signing this document, I acknowledge that I will be providing personal information that will only be used by *Healing Home* to provide appropriate care and accommodation. I also acknowledge that I've read and agree to the terms of Brokenhearted-Healing Home's policies.

Signature**Date****Incentives**

- ✓ Reservations paid in full prior to November 15th, 2025, qualify for a 20% discount.
- ✓ Save even more (\$200.00) by sharing a room.
- ✓ You get \$10.00 off for every person you refer, who pays for 5-night package and attends a program in 2026. Individuals who refer over 10 individuals that meet the criteria will also obtain a gift of health basket. Individuals who refer over 20 individuals who meet the criteria will also receive a \$150 discount toward a booking for the following year (2027).
- ✓ We give a \$100.00 discount to each person who books as part of a group of 6-10 individuals.



Consultation with Dietitian

The dietitian is licensed in the US. If guests have insurance coverage for dietitian services, they can see if they have a provider that will cover or dietitian's services. If they do, a refund will be given once insurance has made full payment.

If you plan to meet with the dietitian, she will request the following:

- ✓ Labs (Blood work) within the past year
- ✓ Current medication list
- ✓ Complete past medical history including surgeries or procedures
- ✓ 3-7-day food/lifestyle diary
- ✓ She will provide documents prior to arrival for you to fill out.

Healthcare Providers

We will help to locate an appropriate practitioner per guest request. Guests are responsible for making an appointment and payment to the practitioner.

Session/Package Costs

5-nights	Cost	20% Discount	\$500 Refund	Additional Night
<i>Private Room</i>	\$4150	\$3350	\$2850	\$250
<i>Shared Room</i>	\$3950	\$3150	\$2650	\$200
2 nights			\$250 Refund	
<i>Private Room</i>	\$1565	\$1250	\$1000	Not available
<i>Shared Room</i>	\$1475	\$1175	\$925	Not available

Session cost does not include airfare to Barbados, passport fees or money for souvenirs or other personal spending. All prices are USD. The \$500.00 can be refunded in cash in USD or BBD or returned via preferred payment.

The Registration Process

1. Complete the application.
2. Complete the essay or video clip.
3. Email both of the above to hope@brokenhearted-healinghome.com.
4. Pay the registration and deposit fee. (Application and essay will not be reviewed until payment is made). These fees are refundable up to 90 days prior to start date of the session.
5. After review, you will be sent a link to make the full payment along with the following:
 - a. Food Checklist Form



- b. Health History Form
 - c. Categorized bill, including any applicable add-ons or opt-out options, refunds, discounts, and taxes and fees.
6. ***No slot is guaranteed until paid in full.*** Please read refund and cancellation policy.
 7. Any questions or concerns during the reservation process should be directed to hope@brokenhearted-healinghome.com.
 8. Thank you for considering our program. We'll do our best to make this an unforgettable experience.

Required Traveling Documents

- Passports are required.
- US Citizens do not need a visa to travel to Barbados.