

Application for the 19th Castellino Prenatal & Birth Foundation Training (T19)
with
Mary Jackson, RN, LM, RCST®, Tara Blasco, PhD, RCST® & 3 teachers-in-training

PREREQUISITE to Attending T19 starting with Module A, you need to attend EITHER

1. Preferred: A Womb Surround with an approved facilitator. Each facilitator organizes their own workshops so contact them directly. (I don't have a link to the WS page - have to make one)
2. A Sequencing Workshop with Ray (in the past) or Mary/Tara. The next Sequencing workshop will be held online on January 17-18, 20-21, 2027. (Link to:)
<https://online.castellinotraining.com/course/sequencing-2026>

You can interview with Mary/Tara BEFORE or AFTER completing the Womb Surround or the Sequencing Workshop. You can schedule the interview before completing the forms as long as all parts of the application process are complete several days before the interview. PLEASE LET SANDRA KNOW YOUR INTEREST IN APPLYING BEFORE STARTING THE PROCESS.

APPLICATION EMAIL TO INCLUDE 3 ITEMS to Sandra Castellino + send the application fee.
Email the 3 items to sandra@castellinotraining.com.

1. **Application to the Foundation Training** (on the next pages)
2. **Digital photo** (separate from the application, not imbedded in the Word doc.)
3. **A womb surround process workshop application**. IF you have a digital copy of a womb surround application that you have already filled out for a womb surround you have taken, send that. Otherwise, fill in another form available under (link to applications - it will NOT be under Womb Surrounds).

Send as 3 different attachments in ONE email (photo, application to the Foundation Training & Womb Surround application).

Please fill in your form starting on the next page using bold for the answers, leaving the questions in regular font. Ideally, you download the Word document, fill it in, and send it back as an attached file in Word. If you don't have access to Word, you can download the RTF, and do the same. **Do NOT snail mail the application.**

Please delete this first page when sending your application.

APPLICATION FEE \$105: The best option is to send by Zelle. There are 2 other options:

Zelle to sandra@castellinotraining.com

Checks or Money Orders check/MO made to "Castellino Training, Corp." Mail to:
Castellino Training, 1105 N Ontare Road, Santa Barbara, CA 93105.

If you pay by check, M/O, email Sandra to tell her when the check, M/O has been mailed

Paypal: to sandra@castellinotraining.com Use GOODS AND SERVICES, NOT friends & family.

Schedule an INTERVIEW:

Now through October 25 and after November 19th, 2026 contact Sandra Castellino,
sandra@castellinotraining.com, 805 687-2897 (business landline) or 805 705-6144 (her cell).
October 26-Nov 19 only contact: Tara Blasco tarablasco@gmail.com, 805-570-4315

Acceptance after an interview prior to attending a womb surround or a Sequencing workshop will be generally be pending until completion of the womb surround or a Sequencing workshop. Meanwhile, with provisional acceptance, a space will be held for you.

Application for the 19th Castellino Prenatal & Birth Foundation Training
with
Mary Jackson, RN, LM, RCST® and Tara Blasco, PhD, RCST®
and teachers-in-training Adriana Mascolli, Frank Carbone and Sarah Theismann

Include the following information

Name and any academic degrees or credentials after your name:

Address:

City, State, Zip:

Home Phone: Bus. Phone Cell Phone:

Best phone to reach me:

Email:

Website:

Age and Date of Birth:

Family: Married? Partnered? How long? #children, grandchildren, ages, names of all.

What is your goal in taking this training including how you plan to use it?

Training in bodywork, healthcare, education, counseling skills, movement, mental health, pre and perinatal work, trauma resolution, anatomy, physiology and related fields and in education (include teacher, title of courses, dates, #days/hours as well as certifications received):

Current occupation (how you earn a living) and training for that.

Description of the nature of your professional bodywork/healthcare/healing arts/teaching practice and work with children during the last 5 years.

Therapies used; minimum-maximum clients/week; years in practice, workshops taught, modalities used.

What percentage of these are in person / online in the last few years and plans for the future?

Describe your strengths and challenges as a healing arts professional or a professional working with children.

If you include volunteer work or peer exchange, note it as such.

If you include a vitae, please also summarize your experience.

Describe your experience working with pregnant parents, babies and children (your own, others, professionally).

Cranio-sacral training and experience:

- Training in the fluid tides with teacher's name, dates and length of the training. Indicate if you have received an RCST or BCST.
- Training in other cranial sacral modalities with teacher's name, dates, and length of training.
- Experience teaching or assisting cranio-sacral courses: introductions or trainings, Specify modality, length of trainings, teacher.
- Experience teaching or assisting cranio-sacral courses: introductions or trainings, Specify modality, length of trainings, teacher.
- Amount of time using cranio-sacral work in your professional practice.

Polarity Therapy training and experience:

- Training in APTA certified trainings (this doesn't include Body into Being) with teacher's name, dates and length of the training. Did you receive an APP or RPP? Also include any Polarity Training with Anna Chitty's Polarity Skills class or the current Chitty combined Craneosacral and Polarity Therapy course.
- Training with Ray Castellino and Anna Chitty in Body into Being. If so, when and how have you been using this experience?
- Amount of time using these skills in your profession.

Describe your health condition & recent medical history, including any current medications you are taking for physical and/or mental health.

Are you able to commit to the in-person times in Ojai, CA for all 6 days of all 9 modules including being ready to start on time the first day and staying until at least 1 pm on the last day? A conflict with some part of this should be noted so the teachers can decide if making that up would work.

Are you able to commit to viewing and responding to online 3-hour presentations between each module. Ideally you participate in real time. An opportunity is given to watch the replay.

Are you able to commit to doing the homework assigned after each module and sending it to your assigned assistant by the due date?

Are you able to commit to payment according to the payment plans outlined on the website and in the student contract?

Are you taking/planning to take any other training during the time of T19 (June 2027-Feb. 2030). If so, how will that impact your ability to commit to the time and money for the Castellino Training?

Are you willing to abstain from alcohol from 3 days before the start of each module through the end of each module?

Do you use nicotine, recreational or ceremonial drugs? If yes, what and how often for each?

Are you willing to abstain from nicotine smoking, vaping, pipe starting a week before the module until the end of the module?

Are you willing to abstain from recreational or ceremonial drugs including microdosing starting a month before each module until the end of the module?

Are you taking any pharmaceutical drugs? Please list. Are you willing to abstain for a month before and during each module for any that are mind-altering?

Are you using medical CBD? ____ If yes, please indicate how often and the reason for its use.

Are there any challenges for you to taking the training? Include financial, childcare, care for elderly parents, etc.

Indicate how you are paying the \$105 application fee: Zelle, check, PayPal, money order, cash. And when you have sent the check, etc. and when you have paid it: _____

Indicate how you will be paying the initial deposit, due 2 weeks after acceptance: Zelle, check, PayPal, other. _____ (\$695 PayPal; \$670 Zelle, check, MO, cash)

If you have taken a womb surround process workshop, please indicate month/year _____ and with whom _____

If you are applying after taking a womb surround from an approved womb surround facilitator other than Mary/Tara, fill in the name: "I give permission for Mary, Tara to talk to _____ (name of the approved process workshop facilitator) about my participation in their womb surround and their thoughts on my attending T19"

If you have taken a Sequencing Workshop or plan to attend a sequencing workshop, please indicate when _____ and with whom. _____

Training modules will be video-taped or recorded in some other modality for training purposes. All participants must agree to be recorded during the modules and sign a release form as part of the student contract. These videos may be shared with teachers-in-training as well as with students who miss any part of T19.

Print name: _____

Signed _____ Date _____

(you can 'sign' your name by typing it into the application form and emailing It back to me, Sandra, at sandra@castellinotraining.com).