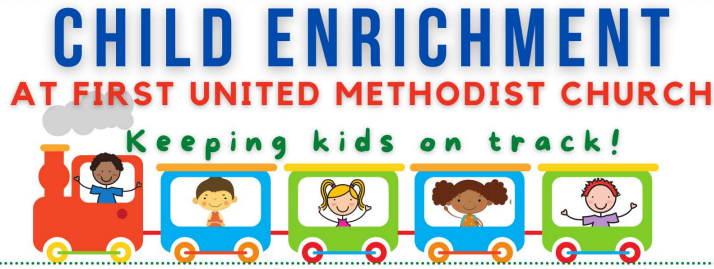


**PARENTS PLEASE CHECK**

3 Day Program  
(Tues, Wed, Thurs)

5 Day Program

T-K



**Registration Form 2024-2025**

Please make check payable to 'Child Enrichment'

**Office Info Only**

Email \_\_\_\_\_ Text \_\_\_\_\_ Photo \_\_\_\_\_

Allergies \_\_\_\_\_

Med. Form/Shots \_\_\_\_\_

Registration Fee \_\_\_\_\_

Teacher \_\_\_\_\_

ACH Form \_\_\_\_\_

Child's Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Nickname

Address: \_\_\_\_\_  
Street or PO Box City Zip Code

Home Phone: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
Month Day Year

Child Lives With: Both Parents Mother Father Grandparents Guardian Other \_\_\_\_\_

Mom's/Guardian's Name: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_

Mom's Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Can you receive text messages? Yes No

\*\*Email & text messaging are used as a method of contact for reminders & announcements\*\*

Dad's/Guardian's Name: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

Dad's Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Can you receive text messages? Yes No

\*\*Email & text messaging are used as a method of contact for reminders & announcements\*\*

Person(s) responsible for pick-up & delivery of your child. Anyone not listed will not be permitted to pick up your child. Also, please indicate if they may be used as an emergency contact.

Emergency Contact

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No
2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No
3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No
4. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No

Is there anyone who **is not authorized** to pick up your child \_\_\_\_\_

**Photo & Video Use Permission:**

The preschool will use pictures & videos of your child throughout the year for class projects and crafts. From time to time the preschool would like to use photographs in newsletters, facebook, news releases to local media and photos on our website. We will not identify any child by name on our website.

I give permission for Child Enrichment Preschool to use pictures & videos of my child in promotional materials, news releases in the local paper, or on our website and on our school Facebook page.

I do NOT give permission for Child Enrichment Preschool to use pictures or videos of my child.

**Medical Information:**

**Please provide a copy of your child's immunization records & completed health form for our files by September 1st of the new school year.**

Health issues or special needs: \_\_\_\_\_

Are there any activities that are limited by physician's advice? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have allergies to the following? (check all that apply)

Bee Stings      Food Allergies      Asthma      Other \_\_\_\_\_

**Does your child have an EpiPen?      Yes      No (we will need to have an authorization to administer form completed by a physician)**

If you checked any of the above, please explain: \_\_\_\_\_

Does your child take daily medication at home\*?      Yes      No      Name of medication(s): \_\_\_\_\_

What dosage? \_\_\_\_\_      How often? \_\_\_\_\_

Prescribed by whom? \_\_\_\_\_      Purpose of medication: \_\_\_\_\_

(\*We need to know strictly for emergency purposes)

Name of Medical Insurance Carrier: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In case of an accident or illness requiring medical attention, the undersigned authorizes Child Enrichment Preschool to call a health care provider to take my child, \_\_\_\_\_, to the nearest hospital or doctor.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

It is understood that if possible, these services will be obtained. If parents or preferred healthcare provider cannot be contacted, the preschool is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the preschool, are true emergencies. I agree to be responsible for the cost of such emergency medical care.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION PAYMENT AGREEMENT**

Having paid a registration fee of \$75.00 per child which is non-refundable, we (the undersigned) willingly agree to fulfill tuition obligations of Child Enrichment in the following manner:

1. Child Enrichment will require all **tuition payments**, including activity fees to be set up on draft authorization through a Direct Payment Authorization Form that will be provided to you through the school office. Drafts can be set up on checking accounts or credit cards. **The first draft will be on August 15th for September tuition and fees.** The remaining drafts will occur on the **1st of each month October through May.**
2. Tuition is considered late if received after the 15<sup>th</sup> of each month.
3. An insufficient fund fee of \$25 will be assessed for all returned checks or draws. Any tuition fee not cleared up by the 15<sup>th</sup> of the month will be charged an additional \$25 late fee.
4. Monthly tuition is paid in full, regardless of enrollment date and/or absenteeism or snow days
5. Tuition is due for the entire month in which the withdrawal of a child occurs unless the Director is notified in writing of such withdrawal at least 30 days prior.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed and signed form to: [childrenrichmentabc@yahoo.com](mailto:childrenrichmentabc@yahoo.com)

NOTE: Registration fee(s) must be received within 7 business days of submitting form. Checks may be mailed to 512 N. Main St., High Point, NC 27260 or dropped off at the Church Office Monday-Friday.