

(For office use only)

Application Received Date _____

Registration Fee Received Date _____

Highland Baptist Child Enrichment Center

8524 Crowder Rd. Raleigh, NC 27603 - 919.779.6768

hbccec@highlandbaptistchurch.org

Registration Form

Child's Last Name: _____ First Name: _____ M.I.: _____

Preferred Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip Code: _____

Male (☐) Female (☐) Home Church: _____

Class Selection

3 day class options

One yr (1 by 08/31/2014) 3 day - \$185 monthly _____

Two yr (2 by 08/31/2014) 3 day - \$170 monthly _____

Three yr (3 by 08/31/14) 3 day - \$170 monthly _____

Four yr/Pre K (4 by 08/31/14) 3 day \$170 monthly _____

4 day class options

n/a

n/a

Three yr (3 by 08/31/14) 4 day - \$220 monthly _____

Four yr/Pre K (4 by 08/31/14) 4 day- \$220 monthly _____

Registration Fee (NON REFUNDABLE) due at time of registration \$95

5% discount applied to any yearly tuition paid in full by September 10, 2014 .

Must give 30 day notice to withdraw. Refund will be minus the 5% discount

Father's Last Name: _____ First: _____ M.I. _____
Preferred name: _____ Place of Employment: _____
Daytime Number: _____ Evening Number: _____
Mobile Number: _____ E-mail: _____

Mother's Last Name: _____ First: _____ M.I. _____
Preferred name: _____ Place of Employment: _____
Daytime Number: _____ Evening Number: _____
Mobile Number: _____ E-mail: _____

Please list persons (other than parents) to contact in case of emergency:

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

Please list names of all persons authorized to pick up child (photo I.D. required)

Informational Sheet

Child's Name: _____ DOB: _____

Sibling Name(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

Allergies & Reactions: _____

Describe your child's personality: _____

List any fears, likes, or dislikes: _____

List any unusual factors that we may need to be aware of, such as, absence of parent(s), relatives in home, traumas/accidents, etc.: _____

Privacy Information

At Highland Baptist Child Enrichment Center, we will maintain confidentiality and respect all families' right to privacy, refraining from any and all disclosure of confidential information. In addition, neither staff nor administrators will disclose children's records or have verbal communication about children with other professionals or individuals until family consent has been obtained. Personal information including medical records, family history and assessment information is stored in a secure location within our center. Access to this information is limited.

The only exception to this policy is if there is reason to believe that a child's welfare is at risk. The Preschool is obligated to share confidential information with agencies that may be able to intervene on the child's behalf. Any staff member who suspects that there is reason to believe a child's welfare is at risk will inform the Director who will take the appropriate action.

This policy of confidentiality applies to all staff members, volunteers, interns, and various professionals/researchers who observe and/or interact with children.

I verify that I have read and understand the above privacy information.

(Parent's printed name)

(Parent's signature)

I give the below listed names permission to provide/receive information regarding to my child/children.

(Individuals name)

(Individuals name)

Child's name

Date