

Office Use: Application Received Date: _____ Entered into Realm: _____
Registration Amt Paid: _____ Cash: _____ Check #: _____

Highland Baptist Child Enrichment Center 2025-2026 Registration Form

Child's Name: _____ Gender: _____ Date of Birth: _____

Nickname: _____

Address: _____ City/State/Zip: _____

Father's Name: _____

Address (if different): _____ City/State/Zip: _____

Cell Phone: _____ Email: _____

Mother's Name: _____

Address (if different): _____ City/State/Zip: _____

Cell Phone: _____ Email: _____

Parents are: ___ Married ___ Separated ___ Divorced

Child Lives With: ___ Both Mother and Father ___ Mother ___ Father

Church you attend? _____

Child's age as of August 31, 2025: _____

Please select age group based on your child's age as of August 31, 2025

Age Group:

___ 1 year old *Children entering the 1 year old class must be walking when school starts.

___ 2 year old

___ 3 year old *Children entering the 3 year old class must be potty trained.

___ 4 year old *Children entering the 4 year old class must be potty trained.

Days Attending:

___ 3 days (Tuesday, Wednesday, Thursday) **\$230 monthly (Sept-May)**

___ 4 days (Monday, Tuesday, Wednesday, Thursday) **\$290 monthly (Sept-May)**

A \$10 monthly sibling discount will be given per child for the 2nd and 3rd child.

List Siblings & Ages:

IN CASE OF EMERGENCY, WHEN NEITHER PARENT IS AVAILABLE, CONTACT:

Name: _____ Phone: _____

Relationship to Child: _____

PERSON(S) OTHER THAN PARENTS AUTHORIZED TO PICK UP CHILD (WITH PHOTO ID)

***please list first & last name, phone number and relationship to child**

1. _____ 2. _____

3. _____ 4. _____

Child's Physician: _____ Phone: _____

ANY KNOWN ALLERGIES (FOOD, BEE STINGS, ETC.)?

Does your child have any disabilities, any medical conditions, or any additional information his/her teacher should be aware of? _____

A copy of your child's immunization record and medical report are required within the first 30 days of school.

A non-refundable **registration fee of \$100** must accompany this application. Please make your check or money order payable to: Highland Baptist CEC and include your child's name in the memo line. If you are paying cash, please place the correct amount in an envelope and a note with the child's full name.

Signature: _____ Date: _____

Please submit in person:

Highland Baptist Child Enrichment Center
8524 Crowder Rd.
Raleigh, NC 27603

If you have questions, contact us at:

919-779-6768 or hbccec@highlandbaptistchurch.org