



Child Enrichment Preschool  
512 N. Main Street  
High Point, NC 27260  
Kim Myers, Director  
childrenrichmentabc@yahoo.com  
Phone: 336-889-3103  
www.childrenrichment.net

## REGISTRATION CARD

Child's name \_\_\_\_\_ Child called \_\_\_\_\_

Birth date \_\_\_\_\_

Class registering for \_\_\_\_\_  
(Please list class name, not the teacher, for example – 3 day 3s)

Learning Lunch (3 and 4 year olds) \_\_\_\_\_

Early Drop Off 3 day \_\_\_\_\_ 5 day \_\_\_\_\_

Extended Day (number of Days) \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hm. phone \_\_\_\_\_ Hm. phone \_\_\_\_\_

Business name \_\_\_\_\_ Business name \_\_\_\_\_

Business phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

### LOCAL EMERGENCY CONTACTS

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's telephone number \_\_\_\_\_

**Registration Fees are non refundable**

### FOR OFFICE USE ONLY

Registration fee: date \_\_\_\_\_ payment method \_\_\_\_\_