

# 2024 Summerfest Registration Childhood Enrichment Center @ CUMC

410 N. Holden Road  
Greensboro, NC 27410  
(336) 294-9080 / [cec@christgreensboro.org](mailto:cec@christgreensboro.org)  
[www.cecgreensboro.org](http://www.cecgreensboro.org)

For Office Use Only	
Class _____	
Date _____	Ck# _____
Reg. Fee _____	Tuition _____

Please register for the class that your child is CURRENTLY enrolled in (2023-2024 school year). If you are uncertain of the appropriate age group for your child, please speak to the CEC office staff:

Bunnies \_\_\_\_\_ Caterpillars \_\_\_\_\_ Lambs \_\_\_\_\_ Turtles \_\_\_\_\_ Owlets \_\_\_\_\_  
2s \_\_\_\_\_ 3s \_\_\_\_\_ 4s/5s \_\_\_\_\_ Rising 1<sup>st</sup> grade \_\_\_\_\_

CEC reserves the right to combine or cancel classes, subject to staffing and enrollment.

Please indicate which SUMMERFEST session your child is enrolling in:

All classes meet 9:00 am to 1:00 pm, Tuesday/Wednesday/Thursday

June and July Summerfest (7 weeks) \$570 \_\_\_\_\_  
June Summerfest only (4 weeks) \$326 \_\_\_\_\_  
June – Rising 1<sup>st</sup> grade (2 weeks) \$163 \_\_\_\_\_  
July Summerfest (3 weeks) \$244 \_\_\_\_\_

All weeks indicated below.  
Weeks of May 28, June 4, June 11, June 25  
Weeks of June 11 and June 25 (rising 1<sup>st</sup>)  
Weeks of July 9, July 16, July 23

The Registration fee is \$20 for currently enrolled children.  
The Registration fee is \$40 for newly enrolling children.

\*Closed weeks of June 17 and July 4

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Prefer To Be Called \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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

How did you first hear of CEC? \_\_\_\_\_

Name of Last School Attended \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings and Ages \_\_\_\_\_

Available Persons in Case of Emergency If Parent Cannot Be Reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Special Medical Information \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Christ United Methodist Church Member? \_\_\_\_\_

ALL FEES COLLECTED ARE NONREFUNDABLE (exception: family moves out of Guilford County or class is cancelled).