



JACKSON PARK BAPTIST CHURCH  
**PRESCHOOL**

# REGISTRATION FORM

## 2019/2020

Jackson Park Baptist Church Preschool  
1005 Jackson St.  
Kannapolis, NC 28083  
(704) 932-5015  
www.jpbbaptist.org

### FAMILY INFORMATION

Parent/Guardian who will be primary contact: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Preferred phone number \_\_\_\_\_ Second phone number \_\_\_\_\_  
cell - work - other (circle one) cell - work - other (circle one)

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian who will be secondary contact: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Preferred phone number \_\_\_\_\_ Second phone number \_\_\_\_\_  
cell - work - other (circle one) cell - work - other (circle one)

Email address: \_\_\_\_\_ Employer: \_\_\_\_\_

Child's Primary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Secondary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who has legal custody of the child/children? \_\_\_\_\_

Parents Together or Separated? \_\_\_\_\_ Church Home? \_\_\_\_\_

Name and Date of Birth of any non-enrolling siblings: \_\_\_\_\_

### STUDENT'S INFORMATION

First Enrolling Child's Name: \_\_\_\_\_ Lives with: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of August 31, 2019 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Second Enrolling Child's Name: \_\_\_\_\_ Lives with: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of August 31, 2019 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Third Enrolling Child's Name: \_\_\_\_\_ Lives with: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of August 31, 2019 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

\*All Registration & Tuition Fees are non-refundable, if a space is offered.

OFFICE USE ONLY: Date \_\_\_\_\_ Application Fee \_\_\_\_\_ Check \_\_\_\_\_ Enrolled \_\_\_\_\_ Waitlist \_\_\_\_\_