



JACKSON PARK BAPTIST CHURCH
PRESCHOOL

REGISTRATION FORM 2021/2022

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 _____ Male _____ Female _____

Second Enrolling Child's Name: _____ Lives with: _____

Date of Birth: _____ Age as of August 31 _____ Male _____ Female _____

Third Enrolling Child's Name: _____ Lives with: _____

Date of Birth: _____ Age as of August 31 _____ 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 _____