



Jersey Baptist Church
2920 Jersey Church Rd.
Lexington, NC 27292

Jersey Baptist Church

Child/Student Info

Date: _____
 Child/Student's Name: _____ Sex: Male Female
 Address: _____
 City: _____ State: _____ Zip: _____
 Birthdate: _____ Age: _____ Current Grade: _____
As of January 1st As of January 1st
 Allergies: _____
 Siblings (Name/Age): _____

Parent Info

Parent/Guardian's Names: _____
 Email(s): _____
 Home Phone: _____
 Cell Phone(s): _____
 How would you like to be contacted if needed? Call Cell Text Cell Other _____
 Church You Attend: _____

Security Info

Emergency Contact Name: _____ *Relationship:* _____
Other than Parent/Guardian (To Child/Student)
Emergency Contact Phone: _____
 Any special concerns or instructions: _____

Brought by: _____
 The following have permission to pick up my child/student: _____

 Parent/Guardian's Signature: _____

Office Use Only

Age/Grade on January 1st:

Puggles <input type="checkbox"/> 2's	Cubbies <input type="checkbox"/> 3's <input type="checkbox"/> 4's	Sparks <input type="checkbox"/> 5K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	T&T <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
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There is a \$20 registration fee that covers the child's book and uniform. Payable at the time of registration.