



# JEFFERSON PARK PRESCHOOL

Est. 1969

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CHILD' NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

(signifying approval of all of above items, if under 18 years old)

PARENT/GUARDIAN ADDRESS (If different from above)

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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