

**2019-2020 School Year**  
**Smart Cookies Preschool**  
**Chambersburg Church of the Brethren**  
**Registration Form**

**3 Year Old Classroom:**  
3 Day Program \_\_\_\_\_

**4 Year Old Classroom:**  
3 Day Program \_\_\_\_\_  
5 Day Program \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address \_\_\_\_\_ (if you prefer correspondence via e-mail)

Mother's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Father's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Parent/Guardian with legal custody: \_\_\_\_\_

**Primary Emergency Contact** (other than parents or guardian) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Secondary Emergency Contact** (other than parents or guardian) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CHILD MUST BE UP TO DATE WITH ALL IMMUNIZATIONS.**

Any drug, food or other allergies: \_\_\_\_\_

Regular medications: \_\_\_\_\_ Special health conditions: \_\_\_\_\_

- **If you register by March 28, 2019 you will receive \$15 off your registration fee.**

