



**Child Care ~ Children's Dental Care ~ Community Health Programs**

157 Litchfield Street in Torrington, CT 06790  
(p) 860-489-1328 (f) 860-489-4761 (w) brookermemorial.org

# **Early Learning and Child Care Center**

## **Enrollment Forms**

**Brooker Memorial Early Learning and Child Care Center  
INFORMATION FORM**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother/Guardian:	Father/Guardian:
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Cell/Beeper:	Cell/Beeper:
Employer:	Employer:
Work Phone:	Work Phone:
Social Security Number:	Social Security Number:

How were you referred to Brooker Memorial Child Care and Learning Center?

\_\_\_\_\_ Friend \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ School Referral \_\_\_\_\_ Yellow Pages \_\_\_\_\_

---

**Alternate Persons Authorized To Pick Up Your Child**

Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

**Whom Do You Prefer To Pick Up Your Child in an Emergency**

Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Today's Date: \_\_\_\_\_

ATTENDANCE CONTRACT  
DATES AND TIMES REQUESTED

Monday	Tuesday	Wednesday	Thursday	Friday

1. I understand that the tuition amount will **not** be reduced for holidays, sick days or voluntary non-attendance. I understand if I wish to pick up an extra day beyond my usual schedule, additional tuition will be charged. Parents may not “swap” days if their child has missed a day.
2. I understand each family receives **one** tuition free vacation week per calendar year. Vacation weeks cannot be carried over and must be used as a full week.
3. I understand that I must give at least two weeks notice to request a change in my child’s schedule and that it may or may not be possible to change my hours or days.
4. I understand that I must give at least two weeks notice in writing of intent to disenroll my child in order to have my security deposit applied to the final week of care. If two weeks’ notice is not given, tuition *will be charged* for up to two weeks of care.
5. I understand that tuition is due on Thursday by 6:00 pm for child care that will be provided the following week.
6. I understand that there will be a \$10.00 late fee for tuition not received by the deadline.
7. I understand that non-payment of tuition will prohibit my child from attending the child care center until tuition is paid in full. A re-registration fee may apply.
8. I understand that if a payment is made by check and the check is returned to Brooker Memorial for any reason, I am responsible for resubmitting the check and for any bank fees Brooker Memorial incurs. I will also be charged a \$10 returned check fee. If a check is returned to Brooker Memorial two separate times, Brooker Memorial reserves the right to accept only cash, ach, or money order payment for tuition from that time forward.
9. I understand that all of the above policies also apply to recipients of The State of Connecticut Care 4 Kids program and as a recipient, the family portion due needs to be submitted on Thursday by 6pm for care that will be provided the next week.

Program your child will be enrolled in:

- Infant \_\_\_\_\_
- Toddler \_\_\_\_\_
- School Readiness Full Day \_\_\_\_\_
- Kindergarten \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Brooker Memorial Early Learning and Child Care Center**  
ADMISSION FORM

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Program: \_\_\_\_\_

Weekly Tuition: \_\_\_\_\_

The following is due **before** the child starts attending Brooker Memorial:

Registration Fee: \$ \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_

First Week Tuition: \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Reminder: Tuition is due by **Thursday** for the next week's care.

Your next payment will be due on \_\_\_\_\_ for the week of \_\_\_\_\_

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

Child Care Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Brooker Memorial Early Learning and Child Care Center**  
EMERGENCY PLAN

Should an injury or illness occur to a child, the following procedure will be implemented:

1. In a life-threatening situation, the Child Care Director or a designated staff member will remain with the child at all times, and will administer emergency first aid or supervise emergency first aid by staff members. A staff member will dial **911** immediately for an ambulance to transport the child to **Charlotte Hungerford Hospital** where a physician is on duty and will administer emergency treatment.
2. Immediately following the above call, the family will be notified by phone or contacted in person.
3. Should the family be unavailable, the staff member will call persons listed on the child's emergency contact list.
4. Should the child need to be transported by ambulance without the family, the Child Care Director or a designated staff member will accompany the child to Charlotte Hungerford Hospital.

I hereby grant permission for the Child Care Director or other Brooker Memorial staff to take whatever steps may be necessary to obtain emergency medical care if warranted.

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

**Brooker Memorial Early Learning and Child Care Center**  
**PARENT/GUARDIAN CONSENTS**

Child's Name \_\_\_\_\_

**INFANTS AND TODDLERS**

I, \_\_\_\_\_ give permission for my child to go on walks around the neighborhood. I understand the infants and toddlers will be in strollers and any older toddler will be holding the hand of a staff member. Staff ratios will be maintained and if necessary additional staff will join on the walk.

**FOR THREE YEARS OF AGE AND UP**

I, \_\_\_\_\_ give permission for my child to go on walks around the neighborhood, to neighborhood parks, and to the local library. I understand that there will be two staff in a group of ten and that each child will be holding the hand of a staff member or another child.

**FOR ALL CHILDREN**

I, \_\_\_\_\_ give permission for the staff at Brooker Memorial Child Care who are certified in Connecticut Child Care First Aid and Infant and Child CPR, to provide care for my child as necessary in an emergency.

**FOR SCHOOL AGE CHILDREN**

I, \_\_\_\_\_ give permission for the staff at Brooker Memorial to put my child on the bus to be transported to school.

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

**Brooker Memorial Early Learning and Child Care Center**  
CONSENT FOR USE OF PHOTOGRAPH

I, \_\_\_\_\_, give my permission for my photograph or a  
photograph of my minor child(ren) \_\_\_\_\_

\_\_\_\_\_ to be used for publicity purposes for Brooker Memorial including  
local newspapers, Brooker annual reports and brochures, Brooker display boards and bulletin  
boards and Brooker website.

\_\_\_\_\_ I agree that my child's name may be used in conjunction with the photo.

\_\_\_\_\_ I do not wish to have my child's name used in conjunction with the photo.

I understand that no compensation or other remuneration will be given for use of this  
photograph.

\_\_\_\_\_ I do NOT give permission for my child's photograph to be used for publicity purposes.  
My child's photo may only be used in house.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

This consent may be revoked at any time with your written request.  
Once revoked, additional photos will not be used for the above referenced purposes. Photos  
already in print will not be rescinded but future reprints of these items will not include your  
child's photograph.

**Brooker Memorial Early Learning and Child Care Center**  
NON-PRESCRIPTION APPLICATION

*Non-prescription* topical products can be administered to your child while present at the center. These items include diaper changing or other ointments (that ARE NOT antibiotic, antifungal or steroidal), teething, gum, or lip balms, and diaper powders. These items must be provided by the parent in their original container, and have an expiration date that is not expired. No product can be applied by staff until an authorization form has been completed by the parent and at least one dose has been administered at home. Parents must administer the first dose of any new product at home to rule out adverse side effects.

(Any other prescription and non prescription medications can only be administered with an order from the child's pediatrician. Please see our policy book or the Director for information.)

Brooker staff can apply sunscreen that has been provided by the parent in its original container and is replaced yearly. Please sign below indicating that you give the staff at Brooker permission to apply sunscreen to your child.

I, \_\_\_\_\_ give permission for the staff at  
Parent's Name

Brooker Memorial Child Care and Learning Center to apply

\_\_\_\_\_ to my child \_\_\_\_\_. I have applied  
Brand Name of Sunscreen Child's Name  
at least on dose of the above sunscreen to my child without adverse side effects.

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

Please list any siblings and their nicknames:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Do any other persons live in your home? \_\_\_\_\_ If so, please list (and any nicknames):

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

---

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

1. Does your child have any allergies? Yes No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

2. Has your child ever been hospitalized? Yes No

If yes please specify:

\_\_\_\_\_  
\_\_\_\_\_

3. Is your child taking any medication? Yes No

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

(\*Please note if there are any medications that need to be administered at the center they must be accompanied by an authorization form signed by the child's doctor. Other requirements apply – please see the Director for more information.)

4. Is there anything we should know about your child's current health status, medical history, vision, or hearing? Yes No

If yes, please specify:

---

---

## All About Me

*(Help us get to know your child)*

1. Does your child have a nickname? \_\_\_\_\_

2. Is your child currently receiving any services such as Birth to 3, speech therapy, physical therapy, behavioral interventions, etc.?    Yes    No

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

\*\* This information is important in deciding the best placement for your child and must be shared with us **prior to** enrollment. Parents are requested to provide the center with copies of *any* assessments or evaluations performed.\*\*

3. Have there been any changes in your family within the last 6 months such as a divorce, death, birth, or recent move? Please specify:

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any particular concerns about your child's eating habits?    Yes    No

Please specify, and also indicate if your child should not have certain foods for religious or other reasons:

\_\_\_\_\_

\_\_\_\_\_

5. How well does your child sleep? (naps, bedtime) Does he/she generally take a nap during the day?

\_\_\_\_\_

\_\_\_\_\_

6. How does your child typically go to sleep, and how do you usually wake him/her? Does your child have a favorite item he/she sleeps with?

\_\_\_\_\_

\_\_\_\_\_

7. Has your child had any previous school, playgroup, or daycare experience?    Yes    No

If yes, please describe:

---

---

8. Has your child ever wandered away or hid from an adult? Does your child seek private space when upset or angry? \_\_\_\_\_

---

9. Do you have any family pets?    Yes    No

If yes, please specify:

---

11. For what types of behavior do you discipline your child?

---

---

12. What techniques do you use when disciplining your child? How well do they work?

---

---

13. How does your child respond during transitional times (from one activity or situation to another)?

---

---

14. What is your child's general attitude toward challenges or conflicts? What have you found to be helpful to your child at these times?

---

---

15. Does your child have any fears that we should be aware of (animals, bugs, the dark etc.)?

Yes    No

If yes, please specify and tell us how you address the fear(s):

---

---

16. What are some of your child's favorite activities (educational and non- educational)?

---

---

17. Does your child have any habits we should be aware of (such as thumb sucking, or playing

with hair)? Are any of these habits of concern to you, and if so how do you address them?

---

---

---

18. Please describe how well your child interacts with other children. Is your child a leader, a follower, a bit of both?

---

---

19. Do you have any concerns about your child's physical development or motor skills?  
Please specify:

---

---

20. Does your child participate in any scheduled activities such as dance, karate, swim, etc.?

---

---

21. What are your child's normal waking, sleeping, and meal times?

---

---

22. Are there any special words you use when talking with your child? (Example: "go tinkle" for using the bathroom, "bo-bo" for binkie or pacifier, etc.) Please explain:

---

---

---

23. What language is most commonly spoken at home? \_\_\_\_\_ What language does your child speak most fluently? \_\_\_\_\_

24. Please use the space below to share anything about your family's race, culture and values that you would like us to know. Please also share with us any specific events or holidays you celebrate, and any beliefs you feel are important for us to know. This helps us get to know you and your child, and to plan activities and curriculum that acknowledge the diversity in our center.

---

---

---

---

---



---

---

(For mothers who breastfeed: In accordance with the National Association for the Education of Young Children, the center will accept human milk in ready to feed, sanitary containers labeled with the infant's name and date. We will store it in a refrigerator for no longer than 48 hours (or no longer than 24 hours if the breast milk was previously frozen). The Center will ensure that staff gently mix, not shake the milk before feeding to preserve special infection-fighting and nutritional components in human milk. We will also provide a comfortable place for breastfeeding and coordinate feedings with the infant's mother.)

3. Nap Schedule:

---

---

4. Security Item: (Pacifier, Blanket, Favorite Toy- Please note, **NO** lovies, pillows, stuffed animals, etc. are allowed in cribs per State Regulations. Only a light blanket for sleeping is permissible.)

---

---

5. How does your infant fall asleep? Do you rock him/her? Do you rub his/her back?

---

---

(Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants, unless otherwise ordered by a physician, *must be placed on their backs to sleep*. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs. If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest. The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable position to which they can easily turn themselves from the back position.)

6. Are there any special requests or special considerations?

---

---

---

---

---

---

---



Child Care ~ Children's Dental Care ~ Community Health Programs

157 Litchfield Street in Torrington, CT 06790  
(p)860-489-1328 (f)860-489-4761 (w)brookermemorial.org

## Parent Code of Conduct for Child Care

At the Brooker Memorial Early Learning and Child Care Center we believe in providing a safe, nurturing environment. Providing this environment requires staff *and* families to behave with respect, decency, and courtesy. As a private organization we reserve the right to have set standards for behavior. Appropriate behavior is expected of every person who enters our center. Parents who violate the Code of Conduct may not be permitted on center property thereafter and their child may be disenrolled.

### 1. Cursing/Yelling/Verbal Abusiveness:

Cursing or other inappropriate language is not permitted on Brooker property at any time (this includes our parking lot as well). Verbal abusiveness in person or on the phone is not an acceptable means of communication and will not be tolerated. Staff will not yell at families and will not tolerate being yelled at by family members.

### 2. Physical /verbal discipline of your child or other children at the center:

State regulations prohibit the use of physical punishment at the center. Parents should refrain from using physical punishment while they are on center property. Parents are also prohibited from disciplining children other than their own at the center. If a parent observes a child behaving inappropriately, he/she should immediately direct this concern to the classroom teacher.

### 3. Threatening:

Threats of any kind directed toward staff, children, or other parents will not be tolerated. All threats will be reported to the authorities and charges will be filed. Brooker assumes a zero tolerance policy for threats and will not assume the risk of a second chance. All adults are expected to be responsible for and in control of their own behavior at all times.

I have read and agree to abide by the Parent Code of Conduct.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brooker Memorial Early Learning and Child Care Center

**PARENT AGREEMENT**

1. I understand that Brooker Memorial Early Learning and Child Care Center will close when the health and safety of the children are in question, i.e., a power outage, inclement weather, etc.
2. I understand I am required to bring in my child to the child care center no later than **9:30 A.M.**, and will pick up my child promptly at my scheduled time, in accordance with the center's **Late Pick-Up Policy**.  
(See Policy Book)
3. If I am unable to pick up my child, I understand it is my responsibility to call a backup emergency person who will pick up my child by my scheduled pick up time.
4. I understand the health policies stated in the Policy Book are for the benefit of all the children and such policies are intended to contain the spread of infectious illness. I will keep my child at home if he/she has any of the symptoms or infections described in the **Health Policy**, or if he/she is still recovering and unable to fully participate in all of the daily activities. If I'm called to pick my child up, I will make arrangements for my child to be picked up within an hour.
5. I understand it is my responsibility to keep all emergency contact and health information up to date. I will notify the Child Care Center of daily changes in my schedule and where I can be reached.
6. I have received and read the Brooker Memorial Early Learning and Child Care Center Policy Book and agree to abide by all the policies contained therein.
7. I have read and discussed the center's discipline policy with the director or assistant director.

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

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

