Early Learning and Child Care Center
Nursery School Program

Enrollment Forms
Brooker Memorial Early Learning and Child Care Center
INFORMATION FORM

Child’s Name ______________________  Sex ______  Date of Birth ____________

<table>
<thead>
<tr>
<th>Mother/Guardian:</th>
<th>Father/Guardian:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Street Address:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Home Phone:</td>
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<tr>
<td>Cell/Beeper:</td>
<td>Cell/Beeper:</td>
</tr>
<tr>
<td>Employer:</td>
<td>Employer:</td>
</tr>
<tr>
<td>Work Address:</td>
<td>Work Address:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Social Security Number:</td>
<td>Social Security Number:</td>
</tr>
</tbody>
</table>

Email Address for Notifications: __________________________________________

How were you referred to Brooker Memorial Early Learning and Child Care Center?
    _____ Friend_____ Newspaper Ad _____ School Referral _____ Yellow Pages _____

Alternate Persons Authorized To Pick Up Your Child in the Event You are
    Not Available, or There is an Emergency:

Name __________________ Home# ____________ Work# ____________
Address __________________________________________ Relationship _________

Name __________________ Home# ____________ Work# ____________
Address __________________________________________ Relationship _________

Name __________________ Home# ____________ Work# ____________
Address __________________________________________ Relationship _________

Today’s Date:_________________________
ATTENDANCE/ADMISSION CONTRACT

Child’s Name: ___________________________________________

Parent Name: ________________________________

Enrollment Date: ________________

Monthly Tuition: ________________

Date of $50 Deposit: ________________

Date of 1st Payment: ________________

Days Requested

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>

1. I understand that the tuition amount will **not** be reduced for holidays, sick days or voluntary non-attendance. Parents may not “swap” days if their child has missed a day. It may be possible to pick an additional day during the week, and I understand an additional fee would apply.

2. 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 days.

3. I understand that I must give at least two weeks written notice of intent to disenroll my child. I understand that if I withdraw my child before the end of the month, tuition will not be refunded.

4. I understand that tuition is due two weeks prior to the start of the month according to the payment schedule found on my rate sheet.

5. I understand that there will be a $20.00 late fee for tuition not received by the deadline.

6. I understand that non-payment of tuition will prohibit my child from attending the child care center until tuition is paid in full. I understand that failure to pay tuition owed to the center will leave me liable for further actions.

7. 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, cash, or money order payment for tuition from that time forward.

Parent/Guardian 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 for my child.

Parent/Guardian Signature: ________________________ Date: __________________
PARENT/GUARDIAN CONSENTS:

Child’s Name __________________________________

WALKS:

I, ____________________________ give permission for my child to go on walks around the neighborhood, to neighborhood parks, or to the local library. I understand that there will be at least two staff to a group of ten. A first aid kit, reliable means of communication, and any necessary medications will be brought.
Parent/Guardian Signature:____________________________ Date:_____________

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 but not limited to: local newspapers, Brooker annual reports and brochures, Brooker display boards and bulletin boards, Brooker website or Facebook page, and electronic marketing.

_____ 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.

Parent /Guardian 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.
FAMILY INFORMATION

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

   If yes, please describe:

   __________________________________________________________________________

   __________________________________________________________________________

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

   __________________________________________________________________________

6. Do you have any family pets? Yes No

   If yes, please specify:

   __________________________________________________________________________

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

   __________________________________________________________________________

   __________________________________________________________________________

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

   __________________________________________________________________________

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

______________________________________________________________________________

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

______________________________________________________________________________

______________________________________________________________________________

11. 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):

______________________________________________________________________________

______________________________________________________________________________

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

______________________________________________________________________________

______________________________________________________________________________

13. 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?

______________________________________________________________________________

______________________________________________________________________________

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

______________________________________________________________________________

______________________________________________________________________________

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

______________________________________________________________________________

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

17. What language is most commonly spoken at home? ____________________________What language does your child speak most fluently? __________________

18. 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.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

19. Any additional comments?:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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: __________________________
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 if needed.

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: ____________