



157 Litchfield Street in Torrington, CT 06790  
(p) 860-489-5437 (f) 860-489-0910 (w) [brookermemorial.org](http://brookermemorial.org)

## **Early Learning and Child Care Center Nursery School Program**

**Enrollment Forms**

# 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:	Cell:
Occupation:	Occupation:
Employer:	Employer:
Work Address:	Work Address:
Work Phone:	Work Phone:
Social Security Number:	Social Security Number:

Email Address for Notifications: \_\_\_\_\_

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

\_\_\_\_\_ Friend/Family \_\_\_\_\_ Social Media \_\_\_\_\_ School Referral \_\_\_\_\_ Google \_\_\_\_\_

Friend/Family's name: \_\_\_\_\_ (for possible referral bonus)

Demographic information (Check all that apply):

☐ American Indian/Alaska Native ☐ Hispanic or Latino ☐ Black or African American

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ White, not of Hispanic origin ☐ Other

---

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 (for registrations prior to August): \_\_\_\_\_

Days 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. 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. I understand that Nursery School Tuition is divided into 10 equal payments so that each month tuition is the same amount- including the month of June.
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, ach, 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 if warranted for my child.

Child's name: \_\_\_\_\_

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?

---

---



Please specify:

---

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

---

---

---

## **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 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 had the opportunity to discuss the center's discipline policy with the director or assistant director.

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

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