



157 Litchfield Street in Torrington, CT 06790
(p) 860-489-5437 (f) 860-489-0910 (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 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 _____ 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 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. If a family withdraws their child from the center for part of the year, they are *not* eligible for a tuition free week for that year.
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 _____
- Before School _____
- After School _____
- Before and After School _____

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 and/or buggy rides around the neighborhood. 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 at least two staff to a group of ten.

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 but
not limited to: local newspapers, Brooker annual reports and brochures, Brooker display boards
and bulletin boards, Brooker website, 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.

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.

Non-Prescription Topical 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.)

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:

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?

Please Complete for Infants and Toddlers:

Our policy for very young children is that we believe it is best to go by individual schedules which have been established at home, as well as the personal preferences of the family. Please fill out the information below according to what your child's schedule is at the current time. Your child's schedule will periodically change, and we encourage you to update your child's teacher about any schedule changes.

1. Feeding Schedule:

2. Type of formula:

(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?



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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.
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: _____