

APPLICATION to

The Brookwood School
687 Co. Hwy 59
Cooperstown, NY 13326
607/547-4060
e-mail info@thebrookwoodschoo.org



| | |
|-----------------------|-------------------------|
| Date received _____ | Received: _____ |
| Application fee _____ | _____ Registration |
| Check # / Cash _____ | _____ Medical Report |
| Program _____ | _____ Emergency Release |
| Parent Visit _____ | _____ Blue card |
| Student Visit _____ | _____ Financials |

School Year Applying For: _____ Today's Date _____ Start Date _____

Child's Full Name _____
First Name Middle Initial Last Name Name to be used in school

Birth date ____/____/____ Male Female Age _____

Current School District _____ Grade _____

Parent _____ **Parent** _____

Mailing Address _____ Mailing Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Child lives with: ___Parents ___Mother ___Father Other: _____

Check if appropriate: ___Father deceased ___Mother deceased ___Parents divorced ___Parents separated

Other members of the immediate household/family:

| Name | Age | Relationship to Child |
|-------|-------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Grandparents of Child:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Why are you interested in having your child attend The Brookwood School?

Program Applying For:

| | | | | |
|--------------------------------|---------------------|--------|---------------------|-------------------------------|
| Infants (6 weeks – 18 months) | Full- time | 3 days | 2 days | Circle preference: M T W Th F |
| Toddlers (18 months – 3 years) | Full-time | 3 days | 2 days | Circle preference: M T W Th F |
| PreSchool (3-4 years) | Half-Day 8:30-12:00 | | Full Day 8:30- 2:30 | |
| Kindergarten (4-6 years) | Full Day 8:30-2:30 | | | |
| Lower Elementary (6-8 years) | Full Day 8:30-2:30 | | | |
| Upper Elementary (9-12 years) | Full Day 8:30-2:30 | | | |

The Brookwood School offers extended care before and after regular school hours, all-day care during vacations, most holidays and the summer. Please indicate your needs for your child:

Before school care (6:30 – 8:30)

After School care (PreSchool:12:00- 5:30; School age: 2:30 – 5:30)

Vacation, holiday, snow days

Summer Care Program

Circle eight words that best describe your child:

neat playful active curious resourceful builder
lively helpful peaceful sensitive attentive nature loving
methodical reflective artistic amusing logical talkative
passive quiet reserved confident daring orderly
gentle cheerful free-spirited refined gregarious timid
calm dreamer enthusiastic individualistic content respectful
headstrong studious contemplative tireless diligent responsible

What are your immediate goals for your child? _____

The Brookwood School admits students without regard to race, creed, sex, or national or ethnic origin. Decisions are based on the availability of openings and other relevant information.

A non-refundable fee of \$60.00 must accompany this application. This application is a statement of intent, not a contract. A formal financial contract must be signed before enrollment is complete.

Please indicate the person financially responsible for the applicant's tuition and fees:

Name: _____

Address: _____

Parent Signature

Print Name