

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	_____	Financials	_____
Check # / Cash	_____	Medical Report	_____
Program	_____	Emergency Release	_____
Parent Visit	_____	Blue card	_____
Start Date	_____	Care needed	_____

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

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

Birth date ____/____/____ Male ___ Female ___ Age _____

School District of Residence _____ 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 does not discriminate on the basis of race, color, national or ethnic origin, religion, or gender in administration or its educational policies, admission policies, scholarship and loan programs, and other school administered programs or employment practices.

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