

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Program Applying For:

Infant* (6 weeks – 18 months)

Toddler* (18 months – 3 years)

Full- time

3 days

Circle preference: M T W Th F

PreSchool* (3-4 years)

¾ Day 8:30- 2:30

Full Day (Select Block)

* Schedule Block needed: 7:00 am-5:00pm

7:30 am-5:30 pm

Primary (4-5 years)

Full Day 8:30-3:00

Lower Elementary (6-8 years)

Full Day 8:30-3:00

Upper Elementary (9-12 years)

Full Day 8:30-3:00

After School Care School 3:15 – 5:30

My child will enroll in:

Monthly Milk Program

\$7 monthly Toddler \$10 monthly Preschool-Upper Elementary

Do we have permission to print your name, address, phone number and e-mail address in the parent handbook? Y N

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

8/19/14