



185 Redfield Parkway  
Reno, NV 89509  
775-825-3003 Fax: 825-3463  
Email: brookfield@gbis.com  
www.brookfieldschool.com  
(behind Sam's Club)

## APPLICATION FOR ENROLLMENT

### Child Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Sex: \_\_\_\_\_

For the future, we are interested in private school education for the following grades (Please circle):

Preschool Pre-K K 1 2 3 4 5 6 7 8

### Family Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State \_\_\_\_\_ Zip: \_\_\_\_\_ City, State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

### Medical Information

I hereby grant permission for the staff of Brookfield's TLC to contact the following medical personnel and to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:

\_\_\_\_\_

\_\_\_\_\_

### Contacts

Your child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to release the child from BROOKFIELD'S TLC in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Please list any information that may be helpful to our staff while interacting with your child:

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***MEDIA AND PHOTO PERMISSION FORM***

I give permission for my child to be photographed and understand that my child’s photo may appear in newspaper articles, on Brookfield’s website, and other professional and community publications.

Parent/Guardian Initials \_\_\_\_\_ Date \_\_\_\_\_

***SUN SCREEN AND LIBRARY/NATURE WALKS PERMISSION FORM***

I give permission for the sunscreen that I have supplied to be applied to my child as needed. I release Brookfield School and its staff members from any liability relating to the applying of the above-mentioned sunscreen. I give permission for my child to go on a walk to local parks and libraries as a supervised class outing. I understand it is my responsibility to let the center know if my child may not attend.

Parent/Guardian Initials \_\_\_\_\_ Date \_\_\_\_\_

***UNDERSTANDING OF EMERGENCY PROCEDURES***

By signing the enrollment application, I authorize Brookfield’s personnel to obtain emergency medical and or dental care or emergency evacuation at my expense. I also verify that I have provided all pertinent information on the enrollment application regarding medical conditions or allergies that affect my child.

In case of emergency, BROOKFIELD’S TLC will attempt to contact the parent or guardian. Attempts to contact them will continue until one of the individuals in contacted. If neither can be reached, persons whose names are listed as contacts on this enrollment application will be contacted.

If I cannot be reached in an emergency, I hereby authorize the attending physician/hospital (selected by the adult leader in charge) to perform any necessary procedures that are inclusive, but not limited to: hospitalization, proper anesthesia, injection and/or surgery, etc. for my son/daughter.

Parent/Guardian Initials \_\_\_\_\_ Date \_\_\_\_\_

***UNDERSTANDING OF COUNTY HEALTH REGULATIONS***

I understand that a current immunization record (that includes the County requirements) and a Well Child check up form must be on record prior to attendance at BROOKFIELD’S TLC. I understand that it is my responsibility to maintain my child’s immunizations and provide updated records to the school. I understand that my child may be excluded from attendance if proper immunization records are not provided in a timely manner.

Parent/Guardian Initials \_\_\_\_\_ Date \_\_\_\_\_

***I hereby certify that all information on this application is accurate and true. I understand it is my responsibility to update parent/guardian contact information, authorized contacts and other important information regarding the care of my child.***

**Signature of Parent/Guardian**

**Date**

