



THE BARNYARD
DAYCARE AND LEARNING CENTER

Enrollment Application

Child's information:

Full Name: _____ Male Female

Date of Birth (MM/DD/YYYY): _____

Date Applied (MM/DD/YYYY): _____ Date Enrolled (MM/DD/YYYY): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/guardian information

Full Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Phone Carrier: _____

Employer: _____

Work Phone: _____

Email: _____

Parent/guardian information

Full Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Phone Carrier: _____

Employer: _____

Work Phone: _____

Email: _____

Please list child's siblings, pets, and any others living in the home:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Enrollment and Financial Agreement

- I, _____, agree to enroll my child, _____, at The Barnyard Daycare and Learning Center (“The Barnyard”).
- To reserve a spot, I will pay a non-refundable \$100 deposit AND half of the first month’s tuition at the time of enrollment. I understand the full amount of the deposit will be applied to the first month’s tuition.
- If I choose to enroll my child in the summer program (kindergarten through sixth grade), I agree to pay a \$150 registration fee per child.
- I want to pay tuition _____ biweekly _____ monthly.
 - I understand tuition is \$_____ if paying biweekly or \$_____ if paying monthly.
 - I understand tuition is processed every two weeks on Friday if paying biweekly or the first business day of the month if paying monthly.
 - I understand a late charge of \$20 per day will be assessed unless prior arrangements are made. The late charge will be assessed on any payment received after Wednesday of the following week if paying biweekly or the fifth calendar day if paying monthly.
 - Services may be discontinued on the 10th day if paying biweekly or on the 20th calendar day if paying monthly, unless the balance is paid in full.
 - I understand tuition and fees will be updated annually in September, as necessary.
- I understand tuition remains the same each month regardless of illness, absence, school closure, and/or legal holidays. (The holidays The Barnyard will be closed are listed in the family handbook.)
- I agree to give The Barnyard 30 days written notice if I decide to change my child’s enrollment status. If notice is not given, I agree to pay a fee equivalent to two weeks’ tuition.
- I have received a copy of The Barnyard’s family handbook and registration policies and agree to adhere to the policies and procedures stated within.
- I agree to pay a late charge of **\$3 per minute, per child** if I pick up my child(ren) after 6 p.m. and **\$5 per minute, per child** if I pick up my child(ren) after 6:15 p.m.

Parent’s printed name:

Parent’s signature:

Date (MM/DD/YYYY):

UPDATED:

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____



Emergency Contact/Authorized Pick-Up Person Form

Please list anyone who may be contacted to care for your child if a parent cannot be reached in an emergency, and anyone authorized to pick up your child from The Barnyard Daycare. Please note only those listed below will be authorized to pick up your child, unless you add them and sign a new document.

Name:	Relationship:	Phone:	Emergency Pick-Up:
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Child's Name: _____

Parent's printed name: _____

Parent's signature: _____

Date: _____

UPDATED:

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____



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Consent Form

Transportation (preschool and school-age children)

I give my permission for my child to participate in field trips with The Barnyard.

I understand that my child will be transported in a safe, registered vehicle and that the driver will have a current driver's license.

I understand that the children in the vehicle shall not be left unattended or unsupervised at any time, and my child will be transported in a child restraint system appropriate for his/her height and age.

Child's Name _____
Parent's Printed Name: _____
Parent's Signature: _____
Date (MM/DD/YYYY): _____

Sunscreen

I give my permission for The Barnyard staff to apply sunscreen that I supply to my child when needed.

Child's Name: _____
Parent's Printed Name: _____
Parent's Signature: _____
Date (MM/DD/YYYY): _____

Swimming (preschool and school-age children)

I give permission for my child to participate in wading pool and swimming activities.

I understand that while using wading pools and/or swimming pools, my child will be adequately supervised by an employee.

Child's Name: _____
Parent's Printed Name: _____
Parent's Signature: _____
Date (MM/DD/YYYY): _____



Photo Release

Children are photographed or videotaped at The Barnyard Daycare for a variety of uses. Internal uses may include The Barnyard's website and photo albums, children's portfolios, and posters. External uses may include news reports by local newspapers or TV stations. Any media release will be for staff-approved applications only.

I give permission to use my child's image in the following channels:

*No Names will be disclosed with pictures

Private Parent Facebook Page

Brightwheel ONLY

Website

Instagram and/or Facebook Public

Photo albums

Newspaper, radio and TV stations

Comments: _____

Child's name: _____

Parent's printed name: _____

Parent's signature: _____

Date (MM/DD/YYYY): _____



Routine Medication Administration Form

All medication must be provided in the original container and labeled with your child's full name. Where applicable, the implement for proper measurement must be provided and labeled with your child's full name. If a measurement implement is not provided, medication cannot be administered. Non-prescription medications must be designated for use for children on the label.

Child's Name: _____

Date of Birth (MM/DD/YYYY): _____

Mediation information

Medication type: Prescription Non-prescription

Medication name: _____ Dosage: _____

Times to be administered: _____

How long to be administered: _____

Medication administration log

Date	Medication	Dosage	Time	Employee Signature

Parent's Printed Name: _____

Parent's Signature: _____

Date: (MM/DD/YYYY): _____



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Health Inventory

Healthcare provider information

Doctor: _____ Dentist: _____

Office Phone: _____ Office Phone: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Health inventory

Is your child healthy? Yes No

If no, please explain: _____

Has your child had any serious illnesses? Yes No

If yes, please explain: _____

Has your child had any operations? Yes No

If yes, please explain: _____

Does your child receive daily medication? Yes No

If yes, please fill out the **Routine Medication Administration Form**

Does your child have any known allergies (e.g., insect bites, food, medicine, etc.)? Yes No

If yes, please explain: _____

Is there anything else you'd like us to know about your child's health? _____

Please attach a copy of your child's immunization record.

NO EXEMPTIONS ACCEPTED

Update us whenever an immunization is received!



Routine Medication Administration Form

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Child's Name: _____

Date of Birth (MM/DD/YYYY): _____

Mediation information

Medication type: Prescription Non-prescription

Medication name: _____ Dosage: _____

Times to be administered: _____

How long to be administered: _____

Medication administration log

Date	Medication	Dosage	Time	Employee Signature

Parent's Printed Name: _____

Parent's Signature: _____

Date: (MM/DD/YYYY): _____



Emergency and Medical Procedures Agreement

- If I am called because my child is ill, I will pick up my child immediately.
- In case of minor injuries (e.g., scrapes and splinters) I give my permission for The Barnyard staff to perform routine hygienic measures such as washing and bandaging wounds.
- In cases requiring the attention of a physician (such as stitches and x-rays) I understand that I will be called. If I or the listed emergency contacts cannot be reached, I give my permission for Dr. _____ to be called at _____ and for the doctor to provide the necessary treatment. I agree to assume financial responsibility for such treatment.
- In case of medical emergency, I will be called immediately. If circumstances require, Emergency Medical Services (EMS) will also be called. The Barnyard staff will respond as necessary until EMS arrives. In the event hospitalization is required, I give permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment.

I have read, understood, and agree to follow the emergency and medical procedures stated above.

Child's name: _____

Parent's printed name: _____

Parent's signature: _____

Date (MM/DD/YYYY): _____



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Infant Profile Form (6 weeks to 12 months)

Child's name: _____

Infant information

How would you describe your child? _____

What language(s) does your child speak/ understand? _____

What is the primary language spoken at home? _____

Is this your child's first childcare experience? Yes No

If no, please describe your child's previous daycare experience: _____

What are you child's favorite toys? _____

What are you child's favorite activities? _____

What family activities does your child enjoys? _____

Does your child go outside often? Yes No

Does your child have any fears? Yes No

If yes, what are they and how does your child deal with them? _____

How does your child deal with strong emotions? _____

What has been effective to calm/comfort your child? _____

Does your child have any special needs? Yes No

If yes, please describe: _____

Does your child have any health issues/ history? Yes No

If yes, please describe: _____

Is there anything else you'd like us to know about your child? _____

Feeding

Baby is: Breastfed Bottle Fed

Does your baby use a cup? Yes No

Does your baby have a good appetite? Yes No

Has your baby had any feeding problems? Yes No

Is your baby eating solid foods? Yes No

If yes, what are your baby's favorite foods? _____

If yes, what foods does your baby dislike? _____

Does your baby have any food allergies? Yes No

If yes, please describe: _____

Please describe a typical menu for your baby:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Sleeping:

What is your baby's typical sleeping pattern during the day?

AM: _____

PM: _____

How long does your baby sleep at night? _____

What helps your baby fall asleep? _____

Does your baby have a special toy (e.g., teddy, pacifier, blanket, etc.), a blanket, etc.)? Yes No

If yes, please describe: _____
