



**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 10<sup>th</sup> day if paying biweekly or on the 20<sup>th</sup> 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: \_\_\_\_\_

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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): \_\_\_\_\_



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## 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!**



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Child's Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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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): \_\_\_\_\_



## Toddler Profile Form (13 months to 3 years)

Child's Name: \_\_\_\_\_

Child 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Eating

Does your child have a good appetite?      Yes      No

What is your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Does your child have any food allergies?      Yes      No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Please describe a typical menu for your child:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

## Sleeping

Does your child nap?      Yes      No

If yes, how long? \_\_\_\_\_

How long does your child sleep at night? \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## Toileting

Is your child toilet trained?      Yes      No

If yes, what words does your child use to indicate he/she has to urinate or make a bowel movement?

\_\_\_\_\_

\_\_\_\_\_

Child uses:      A potty chair      An adult toilet