



Application for Admission

Full Name of Child _____ Date of Birth ___/___/___

Address _____

City _____ State _____ Zip _____ Phone _____

Mother or Guardian _____ Home Address _____

_____ City _____ State _____ Zip _____

Employment _____ Work Phone _____

Cell Phone _____ Email Address _____

Father or Guardian _____ Home Address _____

_____ City _____ State _____ Zip _____

Employment _____ Work Phone _____

Cell Phone _____ Email Address _____

Preferred Name/Nickname: _____

Please select program: Pre-K 3 _____ Pre K-4 _____

Please indicate session preference: Morning _____ Afternoon _____

Please note, indication of session preference does not guarantee class time assignment. Selection is based on your placement in our application queue. Additionally, your child must turn 3 on or before August 15th to register for the 3-year-old program and age 4 on or before August 15th to register for the 4-year-old program.

SPECIAL NEEDS

Our preschool admits children of any race, color, national and ethnic origin. If a child enters the program with an identified special health care need (i.e. asthma, diabetes, seizures, hearing or vision

impairments, feeding needs, urinary or other on-going health problems), the parent is responsible for notifying and providing the school with specific written instructions for the child's special health needs prior official start date. Children with emotional, physical or cognitive special needs will be accepted if it is determined that they will benefit from the program and the staff is able to meet their needs in addition to the needs of the other children.

DEVELOPMENT HISTORY

Completed toilet training _____

Word child uses for Urination _____ Bowel movement _____

Do you have any concerns about your child's development? Speech _____

Fine motor _____ Gross Motor _____ Behavior _____ Social/Emotional _____

Please describe any suspected or diagnosed physical, cognitive or emotional needs, limitations or developmental delays? _____

What is the primary language spoken at home? _____

How would you describe your child's personality? _____

Please describe any previous preschool/daycare experience: _____

What are your preschool expectations? _____

Please explain any other information that will help us better understand your child: _____

Please explain any special family traditions or celebrations that you would like to share: _____

BROTHERS AND SISTERS

Name _____ Date of Birth ____/____/____

Grade in School _____

Name _____ Date of Birth ____/____/____
Grade in School _____

Name _____ Date of Birth ____/____/____
Grade in School _____

Name _____ Date of Birth ____/____/____
Grade in School _____

CHILD EXPERIENCES

Has child had group play experience? _____

Does child have neighborhood playmates? _____

What are your child's favorite indoor/outdoor activities? _____

Does your child have any fears that you are aware of? _____

Parent/Guardian Signature _____

Date _____

Please scan and submit application via email to barnyardacademy@gmail.com or mail to:

Barnyard Academy
C/O Samantha White
6759 Greenbrier Cemetery Rd.
Greenbrier, TN 37073

You will be notified of your child's acceptance to Barnyard Academy via mail. There is a one-time, non-refundable, application fee of \$100 to hold their place.

*Please note – Barnyard Academy is located on a working farm with animals that include dogs, cats, horses, goats and birds. While we are committed to keeping the indoor learning space as clean as possible, if your child is afflicted by severe animal allergies we cannot predict or guarantee that they will not suffer symptoms. And in the event of life threatening animal allergies, our preschool is not safe option.