



GLOW Enrollment Form

Childcare Preferred Start Date: _____

Child Name: _____ DOB: _____

Mother Name: _____ DOB: _____

Father Name: _____ DOB: _____

Is there a parenting plan in place? Yes No
If yes, please provide a copy with your application forms.
_____ N/A (both birth parents are raising the child in the same home)

Does your child have any allergies? Yes No
*If yes, please list: _____

Does your child consume breastmilk? Yes No
*Plan: _____

Does your child consume infant formula? Yes No
*If yes, what type and how much/how often? _____

Does your child consume cow's milk? Yes No
*If no, why and what type of milk can they have? _____

Does your child use a bottle? Yes No What brand? _____

Does your child use a pacifier? Yes No What brand? _____

Does your child have a special comfort item? Yes No
*Explain it in detail: _____

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What works best for your child when they are upset? _____

What is your child's preferred comforting touch? _____

Are there any medical or developmental issues for you or your child? Yes No
*If yes, please explain: _____

*Does your child see any specialists? Yes No
If yes, please list the provider and the reason for being seen: _____

Other things you'd like us to know about you or your child: _____

My child can be photographed and those images can be used by GLOW within the walls of the center. Yes No

My child can be photographed and those images can be used by GLOW on social media.
Yes No

My child can be photographed and those images can be used by GLOW on social media if my child's face is not shown. Yes No