



## 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

Email Address:

Parent/Guardian (1): \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_

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