



GLOW Enrollment Form

Childcare Preferred Start Date: _____

Child Name: _____ DOB: _____

Household #1 Caregiver Name: _____

Listed on Birth Certificate? Yes No

Household #1 Caregiver Name: _____

Listed on Birth Certificate? Yes No

Address: _____

Phone: _____ Phone: _____

Email: _____

Household #2 Caregiver Name: _____

Listed on Birth Certificate? Yes No

Household #2 Caregiver Name: _____

Listed on Birth Certificate? Yes No

Address: _____

Phone: _____ Phone: _____

Email: _____

Pediatrician Name and Phone: _____

Dentist Name and Phone: _____

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Is your child taking any medications and/or vitamins daily? Yes No

If yes, what do they take? _____

Does your child have any allergies or allergic reactions to anything? Yes No

*If yes, please list: _____

Does your child have asthma? Yes No

*If yes, does your child use medication? _____

Does your child consume breastmilk? Yes No

*Plan: _____

Does your child consume infant formula? Yes No

*If yes, what type? _____

Does your child consume cow's milk? Yes No

*If no, why and what type of milk can they have? _____

(GLOW is a nut-free facility and can provide you with a list of approved non-dairy options)

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: _____

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: _____

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

Is there a parenting plan in place? Yes No
_____ N/A (both birth parents are raising the child in the same home)
If your situation does not fit the above questions, please explain here: _____

Are you/your child involved with Child Protective Services currently? Yes No
If yes, what is the name/number of your Social Worker? _____

Are there any people who pose a significant safety risk to you or your child? Yes No
If yes, what is the name of the unsafe person and the general situation? _____

School Age Only

Our program is active and outside the center on field trips for up to 7 hours a day. We either walk or take public transportation to get to the various locations. It is important that your child is able and willing to actively participate so we can keep everyone safe and together. Will your child be comfortable and willing to do the following:

- | | | | |
|------------------------------|-----|-----------|----|
| Stay together in a group | Yes | Sometimes | No |
| Swim in a pool (shallow end) | Yes | Sometimes | No |
| Go on hikes | Yes | Sometimes | No |
| Play sports | Yes | Sometimes | No |
| Ride public transportation | Yes | Sometimes | No |
| Walk downtown | Yes | Sometimes | No |

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Do yoga	Yes	Sometimes	No
Get messy doing arts/crafts	Yes	Sometimes	No
Be safe and kind with peers	Yes	Sometimes	No
Able to follow directions of adults	Yes	Sometimes	No
Enjoy going to movies	Yes	Sometimes	No
Able/willing to eat most foods	Yes	Sometimes	No

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

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

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

Legal Caregiver/Parent Signatures:

_____	_____
Parent/Caregiver Signature	Date
_____	_____
Parent/Caregiver Signature	Date
_____	_____
Parent/Caregiver Signature	Date
_____	_____
Parent/Caregiver Signature	Date

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