



GLOW Enrollment Form: School Age Summer Program

Child Full Legal Name: _____ DOB: _____

Household #1 Information

Caregiver Name: _____

Caregiver Name: _____

Listed on Birth Certificate? Yes No

Listed on Birth Certificate? Yes No

Phone: _____

Phone: _____

Alt. Phone: _____

Alt. Phone: _____

Email: _____

Email: _____

Address: _____

Address: _____

Household #2 Information

Caregiver Name: _____

Caregiver Name: _____

Listed on Birth Certificate? Yes No

Listed on Birth Certificate? Yes No

Phone: _____

Phone: _____

Alt. Phone: _____

Alt. Phone: _____

Email: _____

Email: _____

Address: _____

Address: _____

What time will your child be dropped off each morning (between 7-8:45)? _____

What time will your child be picked up each afternoon (between 3-5)? _____



Is there a parenting plan in place? Yes No

*If yes, please provide a copy with your application forms.

If your situation does not fit the above, please explain: _____

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

*If yes, please list them: _____

Are there any diagnosed medical or developmental issues for your child? Yes No

*If yes, please describe below so we may best support them: _____

Does your child receive services from any specialists? Yes No

*If yes, please list the provider and the reason for being seen: _____

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

Does your child have asthma? Yes No

*If yes, does your child require prescription medication? Yes No

Please list the name and type of medication: _____

Does your child have any allergies? Yes No

*If yes, please list: _____

Can your child consume cow's milk? Yes No

*If no, why? _____

Please describe any symptoms: _____

*If no, what type of mil-alternative can they consume: _____

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



Tell us about your child's experiences with being outdoors. Has your child done much hiking or backpacking? Does your child enjoy being outdoors?

Our program will be in all weather (excluding lightening/high smoke/weather advisories). Will your child struggle with this?

Tell us about your child's experience with insects and animals. Does your child have any fears or allergies? _____

Has your child ever been on public transportation? Yes No

*Do you anticipate this being an issue for your child? _____

Our summer program is community based and we will be out in the community, majority of the day. How do you feel your child will do with this? Will your child tire easily and have trouble keeping up? Does your child have a tendency to leave the teachers/group?

Would your child be interested/comfortable participating at Laser Maxx, Wild Walls or YMCA days when weather is not permitting outside activities? Yes No

*If no, please explain which activity: _____

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



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, please list the name of the unsafe person and a general description of the situation:

Please select a method of payment for care (circle one): Washington Connection Childcare Subsidies
STOI Childcare Subsidies
Private Pay

Permissions

I give permission for my child to be photographed and video recorded and for the images and videos to be used by GLOW **ONLY** internally. Yes No

I give permission for my child to be photographed and video recorded and for the images and videos to be used by GLOW on social media and externally. Yes No

I give permission for my child to be photographed and video recorded and for the images and videos to be used by GLOW on social media and externally **ONLY** if my child’s face is not shown. Yes No

Legal Caregiver/Parent Signatures:

Parent/Caregiver Signature _____

Date _____

Parent/Caregiver Signature _____

Date _____

Parent/Caregiver Signature _____

Date _____

Parent/Caregiver Signature _____

Date _____