



# Glowing Ages Academy

www.glowingages.com  
info@glowingages.com  
08092776502, 09038004442

## CHILD ENROLLMENT AND AUTHORIZATION

Child's Name:	
Child's Nickname:	
Birthdate:	Age:
Nationality:	Class:
State of Origin:	Date:
LGA:	Religion:

ALLERGY ALERT: Does child have allergies?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, list all allergies here	
_____	
_____	

### Parent or Guardian Contact Information

Name(First, Last):	Relationship:
Street Address:	City:
Home Phone:	Cell Phone:
Employer/Work Hours:	Work Phone:
Name(First,Last):	Relationship:
Street Address:	City:
Home Phone:	Cell Phone:
Employer/Work Hours:	Work Phone:

### Required Emergency Contact information (Person other than parent or guardian that is authorized to pick up child)

Name(First, Last):	Phone:	Relationship:
Name(First, Last):	Phone:	Relationship:

### Non-Emergency Contact information (Person other than parent or guardian that is authorized to pick up child)

Name(First, Last):	Phone:	Relationship:
Name(First, Last):	Phone:	Relationship:

### Medical Contact Information

Primary Physician Name:	Phone:
	Phone:

### Parent or Guardian Contact Information

Please list any restriction of the following :

- My Child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions (see special transportation arrangements section on back of form).
- My child may be photographed for publicity or news purposes
  - on-site
  - off-site.
- My child may participate in swimming or other water activities under required supervision.
- My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment.

Prescription medication must be current and a permission slip is required per each medication. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. In an emergency, Glowing Ages Academy has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_