



# Glowing Ages Academy

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www.glowingages.com

## ENROLLMENT FORM

promoting excellence through learning



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## CHILD ENROLLMENT AND AUTHORIZATION

**ALLERGY ALERT:** Does child have allergies?  
 YES  NO If yes, list all allergies here  
 \_\_\_\_\_  
 \_\_\_\_\_

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

### 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 :

- |   |  |
|---|--|
| <input type="checkbox"/> 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). | <input type="checkbox"/> My child may participate in swimming or other water activities under required supervision.  |
| <input type="checkbox"/> My child may be photographed for publicity or news purposes<br><input type="checkbox"/> on-site <input type="checkbox"/> off-site.   | <input type="checkbox"/> 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 \_\_\_\_\_