196-04/08 Linden Blvd.
St. Albans NY 11412
917-545-6762
contact@gloriousfuture.org
www.gloriousfuture.org

Program Application

Child Information

Name of Child _____

Address _____ City _____

State _____ Zip Code _____

Date of Birth: _____ M/F:_____ Grade: _____

School:_____

Program: _____

Child's Interest:_____

Mother's name: _____
Father's name: _____
Work Phone: _____
Work Phone: _____
Cell Phone: _____
Cell Phone:_____
Home Phone: _____
Home Phone: _____
Email: _____
Email: _____
Family Doctor: _____
Phone: _____

Are there any medical or physical conditions that we should be aware of including allergies? Yes ____
No _____

If Yes please list _____

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Consent for Emergency Medical Treatment

I, _____, (Parent's name) do hereby give the authority to the school age program staff to obtain necessary emergency treatment for my child(ren)

_____

with the understanding that I will be notified as soon as possible.

Relationship:_____

Signature: _____ Date: _____

Cell Phone # : _____

Work Phone:_____

Home Phone: _____

Email address: _____

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Escort List

List the Persons Authorized to pick up your children

Child's name: _____

Parent Name: _____

Phone Number: _____

Bus Pick Up? _____

Name & Provider of _____

Escort Name: _____Phone # _____ Relationship:
Escort Name: _____Phone # _____ Relationship:
Escort Name: _____Phone # _____ Relationship:
Escort Name: _____Phone # _____ Relationship:
Escort Name: _____Phone # _____ Relationship:

Escort must be 16 years of age or older. Please advise anyone named above to be prepared to show a picture ID.

Parent Signature _____
Date:_____

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Permission Slip

It is hereby understood that children required leaving the program premises of Glorious Future School Age Program, from time to time, accompanied by staff on excursions, outside walks, field trips, parks or other purposes.

Permission is hereby granted for my child(ren) _____ to be taken out of the program facility for the above purposes.

The permission shall be deemed to apply to each instance without necessity of separate consent for each occasion.

I hereby authorize glorious Future Program to take my child to the hospital or physician for emergency treatment.

Glorious Future School Age Program also has the permission to

_____Photograph, or _____ NOT photography my child/children.

_____ _____

(Print) Parent / Guardian's Name Signature of parent or guardian

_____

Date