

# NCS School Aged Aftercare Registration Form 2025/2026

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Contact Info:**

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Enrollment Selection** (Please indicate your desired days and times.)

After Care (2:30-5:00 p.m.)

M-F (5 days) ☐ M/W/F(3 days) ☐ T/TH (2 days) ☐

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## Student Information

Is your child currently receiving any special professional services, such as speech therapy, physical therapy, psychological services, family counseling, etc.:

**Allergies**

Does your child have any known allergies: \_\_\_\_\_

**Family**

Mother/Guardian Name \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Form of Contact: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Form of Contact: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Religious Affiliation & Church : \_\_\_\_\_

If parents are divorced or separated, with whom does the child live? \_\_\_\_\_

**Speech**

Does he/she speak plainly so that others can understand him/her? \_\_\_\_\_

Is English his/her primary language? \_\_\_\_\_

If no, give primary language \_\_\_\_\_

**Toilet Habits** (For students who need accommodations in this area.)

Is your child toilet trained? \_\_\_\_\_

When your child has to use the toilet, what term does he/she use? \_\_\_\_\_

Additional Comments or Concerns: \_\_\_\_\_

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