

NCS School Aged Aftercare Registration Form 2026/2027

Child's Name: _____

Date of Birth: _____ Age: _____

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Date of Birth: _____ Age: _____

Contact Info:

Parent Name: _____

Phone Number: _____ Email: _____

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

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

5 Days ☐

4 Days ☐

3 Days ☐

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: _____
