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.)

Early After Care (2:30-4:00 p.m.) 4 Days (M,T,TH,F) ☐ 3 Days ☐ 2 Days ☐

Full Day After Care (2:30 – 5:30) 4 Days (M,T,TH,F) ☐ 3 Days ☐ 2 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 you 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:_____

_____