



(For office use only)
Priority: _____
Day/Time: _____

2021-2022 School Year Application

A non-refundable \$100.00 Registration Fee along with a deposit of 1/6 of the annual fee (payable to NCNS) must accompany this application, as well as a signed Consent & Agreement form.

Child's First/Last Name:	Name to be used at school:	Sex:
Address:	City, State:	Zip Code:
Child's Date of Birth:	Primary Phone:	
Mother's Name:	Father's Name:	
Mother's Cell Phone:	Father's Cell Phone:	
Mother's Email:	Father's Email:	
Is this the primary email? Yes/No	Is this the primary email? Yes/No	
Mother's Employer:	Father's Employer:	
Work Phone:	Work Phone:	
If the child does not live with both parents, who has custodial care?		

Class Desired: **Mark first and second choices** (if applicable)

- 2 Day 2's** (Tues / Thurs 9:00 - 11:15 a.m.)
- 3 Day 2's** (Mon/ Wed / Fri 9:00 - 11:15 a.m.)
- 3 Day 3's** (Mon / Wed / Fri 9:00 - 11:15 a.m.)
- 4 Day 3's** (Mon / Tues / Thurs / Fri 9:00 - 11:15 a.m.)
- 5 Day (Pre-K) 4's** (Mon - Fri 12:45 - 3:00 p.m.)

Please check any / all that apply:

- Parent is a current/past Board member or current Teacher at NCNS
*Former Board members must have served a full 3 year term. Years on Board _____
- This child was currently enrolled prior to COVID 2020
- This child's sibling is currently enrolled
- This child's sibling or parent previously attended the school: Name/Years: _____

Referred to NCNS by: _____

Please list any siblings (and date of birth) who may attend NCNS in the future:

Parent's signature _____ Date: _____

For office use only: Registration Fee and Deposit Received via (circle) Cash Charge Check # _____

If paying by credit card, please pay via Brightwheel.

**Mailing Address: P.O. Box 2204, Northbrook, IL 60065
1300 Shermer Road, Northbrook, IL 60062, (847) 272-5430, www.ncnskids.org**