



NCNS Enrollment Application 2024 – 2025

Child's Name: _____

Address: _____

City, State: _____ Zip Code: _____

Child's Date of Birth: _____ Gender: _____

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

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

_____ 2 Day 2's / Bunnies (Tues / Thurs 9:00 - 11:15 a.m.) – Must turn 3 between 3/1/25 – 8/31/25

_____ 3 Day 2.5's / Ducklings (Mon/ Wed / Fri 9:00 - 11:15 a.m.) – Must turn 3 between 9/1/24 – 3/1/25

_____ 3 Day 3's / Dolphins (Mon/ Wed / Fri 9:00 - 11:15 a.m.) – Must turn 3 by 9/1/24

_____ 4 Day 3's / Turtles (Mon / Tues / Thurs / Fri 9:00 - 11:15 a.m.) – Must turn 3 by 9/1/24

_____ 5 Day 4's / Pre-K (Mon - Fri 12:45 - 3:00 p.m.) – Must turn 4 by 9/1/24

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 is currently enrolled.

_____ 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 birth dates who may attend NCNS in the future: _____

By submitting this application, you acknowledge that you have read and agree to the NCNS Payment Schedule. A non-refundable \$100.00 Registration Fee along with a deposit of 1/6 of the annual fee will be billed via Brightwheel upon receipt of this application.

Parent's/Guardian's Signature: _____ Date: _____

Please return completed applications to Gail Nemoy, NCNS Director, via email or in person.

Email: gail.nemoy@ncnskids.org Mailing Address: P.O. Box 2204, Northbrook, IL 60065