

NCNS Enrollment Application 2025 – 2026

Child's Name:		
Address:		
City, State:	Zip C	Code:
Child's Date of Birth:	Ger	nder:
Parent/Guardian #1:	Parent/Guardiar	1 #2:
Cell Phone:	Cell Ph	none:
Email:	E1	mail:
Employer:	Emplo	oyer:
Work Phone:	Work Ph	none:
Class Desired: Mark first and second o	choices (if applicable)	
2 Day 2's / Bunnies (Tues / Thurs 9	:00 - 11:15 a.m.) – Must turn 3 betv	veen 3/1/26 – 8/31/26
3 Day 2.5's / Ducklings (Mon/ Wed	/ Fri 9:00 - 11:15 a.m.) – Must turn	ı 3 between 9/1/25 – 3/1/26
3 Day 3's / Dolphins (Mon/ Wed / F	ri 9:00 - 11:15 a.m.) – Must turn 3	by 9/1/25
4 Day 3's / Turtles (Mon / Tues / Th	nurs / Fri 9:00 - 11:15 a.m.) – Must	turn 3 by 9/1/25
5 Day 4's / Pre-K (Mon - Fri 12:45 -	3:00 p.m.) – Must turn 4 by 9/1/25	5
Please check any / all that apply: Parent is a current/past board mem *Former board members must have		Years on board:
This child is currently enrolled.		
This child's sibling is currently enro	lled.	
This child's sibling or parent previous	usly 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 acl Payment Schedule. A non-refundable annual fee will be billed via Brightwhe	\$100.00 Registration Fee alon	and agree to the NCNS ag with a deposit of 1/6 of the
Parent's/Guardian's Signature:		Date:
Please return completed applications to Gail		

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