

NLCA After School Daycare Application
2023-2024

Child's Name _____ DOB _____

Age _____ Grade _____ Home Phone _____

Parent's Name(s) _____

Mother's Cell # _____ Mother's Work # _____

Father's Cell # _____ Father's Work # _____

Address _____

City _____ Zip _____

Email address _____

Emergency Contact: _____

All Available Numbers: _____

Allergies or medical concerns: _____

Signature _____