



BEFORE and AFTER SCHOOL CARE APPLICATION 2019-2020

A non-refundable \$30 registration fee must accompany this form.

CHILD'S NAME _____

BIRTHDAY _____ GRADE (2019/2020 School Year) _____ AGE _____ GENDER _____

PARENT 1 NAME _____

ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PARENT 2 NAME _____

ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

School

- _____ Clinton Elementary School
- _____ Indianola Elementary
- _____ Immaculate Conception (*After School only*)

Registering for:

- _____ Before School
- _____ After School

PRIORITY STATUS (check any that apply)

- _____ NBCC Staff
- _____ NBCC Sibling
- _____ NBCC Part Time Program
- _____ NBUMC Church Member
- _____ NBCC Alumni

Parent's Signature _____

Date _____

North Broadway Children's Center is a non-profit program that enrolls all children regardless of race, faith, creed, disability, or national origin. NBCC is a Title XX provider.

FOR OFFICE USE ONLY

Application received _____

Received by _____

I/C _____

Date of Entry _____

Enrolled In _____

Fees Paid _____



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