

CENTRAL CATHOLIC PRESCHOOL REGISTRATION 2024-2025



Date of Application _____
Child's Name: _____ Birthday: _____ Sex: _____
Address: _____ Phone: _____
City: _____ Zip Code: _____

Father's Name: _____
Employer: _____ Phone: _____ Email _____

Mother's Name: _____
Employer: _____ Phone: _____ Email _____

Who is Child living with: _____
Address: _____

Siblings names and ages: _____
Church you attend: _____

CLASS PREFERENCE:

FOR 4 AND 5 YEAR OLDS Must be **4 years old by July 31st** of the school year in which you are registering. Please indicate your first and second choice.

FULL Mon/Tues/Wed/Thurs full day 8:15 – 3:15 **FULL** \$390.00/mo.
_____ Mon/Tues/Wed/Thurs PM ½ day 12:15-3:15 \$195.00/mo.

FOR 3 YEAR OLDS Must turn **3 years old by July 31st** of the year in which you are registering, **and must be potty trained.**

FULL Mon/Tues/Wed/Thurs 8:15 – 11:15 AM **FULL** \$ 195.00/mo.

EXTENDED CARE:

Extended care will be provided for 3, 4 and 5 year old preschoolers before the AM sessions 7:15-8:15

Cost will be \$5.00 a day.

_____ My preschooler will need extended care Please check line if needed.

Registration forms are dated as received. Classes will be filled according to the date on the registration form.

THANK YOU FOR YOUR INTEREST IN CENTRAL CATHOLIC PRESCHOOL

**A \$50.00 NON-REFUNDABLE REGISTRATION FEE IS REQUIRED AT THIS TIME
TO PROCESS YOUR APPLICATION.**

**THE REGISTRATION FEE INCLUDES A T-SHIRT FOR YOUR CHILD.
PLEASE CIRCLE SIZE. 2-4(XSmall) 6-8(Small)**

IF YOUR CHILD IS NOT ACCEPTED BECAUSE OF CLASS SIZE, HE/SHE WILL BE PLACED ON A WAITING LIST
AND THE FEE WILL BE RETURNED.

MAIL OR RETURN THIS **REGISTRATION FORM AND THE FEE** TO:

CONTACT US
Barb Seier, Director
bseier@gicc.org

Central Catholic Preschool
1200 Ruby Ave
Grand Island, NE 68801

OFFICE USE ONLY
Date Received _____
Paid _____