

GICNS APPLICATION

Complete the information below and return with your application fee.

___ New Student ___ Returning Family

___ MWF: 9:00-12:00 (4 yr)	\$ 1,485
___ MWF: 9:00-2:30 (4 yr)	\$ 2,490
___ T/TH: 9:00-12:00 (3 yr)	\$ 1,050

Child's Full Name: _____

MALE _____ FEMALE _____ Date of Birth _____ Age (at time of app) _____

Address _____

Father:	Mother:
Phone:	Phone:
Email:	Email:

How did you hear about us?

___ Friend/Alumni ___ Advertisement (where) ___ Other ___

MAIL APPLICATION TO

GICNS

PO BOX

608 Grand Island, NY 14072

INCLUDE

Application Fee: \$35 New Student | \$25 Returning Families

Check/Money Order Payable to: GICNS

*A lottery based on postmark will occur if there are more applications than openings.

Questions: GICNS.info@gmail.com

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