



# GICNS APPLICATION

Complete the information below and return with your application fee.

\_\_\_ New Student \_\_\_ Returning Family

___ MWF: 9:00-12:00 (4 yr)	\$ 1,536
___ MWF: 9:00-2:30 (4 yr)	\$ 2,560
___ T/TH: 9:00-12:00 (3 yr)	\$ 1,080

**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:** [gicnsvp@gmail.com](mailto:gicnsvp@gmail.com)

**Grand Island Cooperative Nursery School**

2100 Whitehaven Rd, Grand Island, NY 14072

716.773.3670 [GICNS.com](http://GICNS.com)