



# GICNS APPLICATION

## 2025-2026

Complete the information below and return with your application fee.

New Student  Returning Family

___ M-F: 9:00-12:00	\$3,184
___ M-F: 9:00-2:30	\$5,136
___ MWF: 9:00-12:00	\$ 1,864
___ MWF: 9:00-2:30	\$3,136
___ T/TH: 9:00-12:00	\$ 1,320
___ T/TH: 9:00-2:30	\$ 2,384

### Child's Full Name:

MALE

Date of Birth \_\_\_\_\_

FEMALE

Age (at time of application) \_\_\_\_\_

Address:

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

How did you hear about us?

Friend/Alumni  Advertisement (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

### 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

**Grand Island Cooperative Nursery School**

2100 Whitehaven Rd, Grand Island, NY 14072

716-773-3670 GICNS.com