

CENTRAL CATHOLIC PRESCHOOL REGISTRATION 2025-2026



Child's Name: _____ Birthday: _____ Male Female

Address: _____ Phone: _____

City: _____ Zip Code: _____

GICC has permission to use my child's name and photo in publications. _____ Initials

Father's Name: _____

Employer: _____ Phone: _____ Email _____

Mother's Name: _____

Employer: _____ Phone: _____ Email _____

Adult(s) child is living with: _____

Siblings' names and ages: _____

Church you attend: _____

CLASS PREFERENCE:

3 YEAR OLDS

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

_____ Mon/Tues/WedsThrs
8:05 – 11:05 AM (Optional Bfast @7:35am)
\$275.00/mo

4 AND 5 YEAR OLDS

Must be **4 years old by July 31** of the school year in which you are registering, and **must be potty trained.** Please indicate your first and second choice.

_____ Mon/Tues/Weds/Thrs full day
8:05AM – 3:20PM (Optional Bfast @7:35am)
\$550.00/mo

_____ Mon/Tues/Weds/Thrs PM ½ day
12:20-3:20
\$ 275.00/mo

CRUSADER CARE:

Crusader Care is an optional service from 3:20-5:15pm. Cost is \$8/day for one child, with discounts applied for additional children using the care. Once enrolled, families can indicate Crusader Care needs. Crusader Care enrollment information will be made available in August.

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

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

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.

CONTACT US

Barb Seier, Director
bseier@gicc.org

MAIL OR RETURN THIS **REGISTRATION FORM AND \$50 FEE** TO:

Central Catholic Preschool
1200 Ruby Ave
Grand Island, NE 68803

OFFICE USE ONLY

Date Received _____

Paid _____

THANK YOU FOR YOUR INTEREST IN CENTRAL CATHOLIC PRESCHOOL!