

REGISTRATION 2010-2011

Date of Application _____
Child's Name: _____ Birthday: _____ Sex: _____
Nickname: _____

Address: _____ Phone: _____
City: _____ Zip Code: _____

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

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

Who is Child living with: _____
Address: _____

Siblings names and ages: _____
Church you attend: _____

CLASS PREFERENCE:

FOR 4 AND 5 YEAR OLDS Must be 4 by October 15th of the school year in which you are registering. Please indicate your first and second choice.

_____ Tues/Wed/Thurs AM	8:15 – 11:00 AM	\$110.00/mo.
_____ Tues/Wed/Thurs PM	12:30 - 3:15 PM	\$110.00/mo.
_____ Mon/Tues/Wed/Thurs AM	8:15 – 11:00 AM	\$125.00/mo.
_____ Mon/Tues/Wed/Thurs PM	12:30 – 3:15 PM	\$125.00/mo.

FOR 3 YEAR OLDS Must turn **3 years old by August 15th** of the year in which you are registering, **and must be potty trained.** Please indicate your first and second choice.

_____ Mon/Wed	8:15 – 11:00 AM	\$ 85.00/mo.
_____ Tues/Thurs	8:15 – 11:00 AM	\$ 85.00/mo.

EXTENDED CARE:

Extended care will be provided for preschoolers before the AM sessions 7:15-8:15 and after the AM sessions 11:00-12:00. Cost will be \$3.00 an hour. Please check the box if you are interested in extended care. Additional information will be provided to you.

Scholarships: Financial assistance is available on an individualized basis. For further information, please contact the Preschool Director at 308-384-0532, ext 212.

Enrollment: Registration forms are dated as received. Classes will be filled according to the date on the registration form – first come, first placed. In the event of limited spaces, enrollment will be accepted in the following manner:

1. Registered members of the Grand Island Catholic Parishes.
2. Registered members of the surrounding Catholic Parishes.
3. Non-Catholics.

THANK YOU FOR YOUR INTEREST IN THE BLESSED SACRAMENT CATHOLIC PRESCHOOL. A \$35.00 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 6-8 10-12 14-16 18-20

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 \$35.00 FEE TO:

Blessed Sacrament Preschool Office
518 West State Street
Grand Island, NE 68801

OFFICE USE ONLY

Date Received _____

Paid _____