



# GICNS APPLICATION

## 2024-2025

Complete the information below and return with your application fee.

New Student  Returning Family

___ M-F: 9:00-12:00	\$3,092
___ M-F: 9:00-2:30	\$4,983
___ MWF: 9:00-12:00	\$ 1,810
___ MWF: 9:00-2:30	\$3,042
___ T/TH: 9:00-12:00	\$ 1,282
___ T/TH: 9:00-2:30	\$ 2,311

**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

**Grand Island Cooperative Nursery School**

2100 Whitehaven Rd, Grand Island, NY 14072

716-773-3670 GICNS.com



**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)

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2100 Whitehaven Rd, Grand Island, NY 14072

716-773-3670 [GICNS.com](http://GICNS.com)