

REGISTRATION 2021-2022

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

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: _____
How did you learn about our preschool? _____

CLASS PREFERENCE:

FOR 4 AND 5 YEAR OLDS Must be **4 years old by July 31st** 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 | \$130.00/mo. |
| _____ Tues/Wed/Thurs PM | 12:15 - 3:00 | PM | \$130.00/mo. |
| _____ Mon/Tues/Wed/Thurs AM | 8:15 – 11:00 | AM | \$145.00/mo. |
| _____ Mon/Tues/Wed/Thurs PM | 12:15 – 3:00 | PM | \$145.00/mo. |

FOR 3 YEAR OLDS Must turn **3 years old by July 31st** of the year in which you are registering, **and must be potty trained.** Please indicate your first and second choice.

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|------------------|-----------------|--------------|
| _____ Mon/Wed | 8:15 – 11:00 AM | \$ 90.00/mo. |
| _____ Tues/Thurs | 8:15 – 11:00 AM | \$ 90.00/mo. |

EXTENDED CARE:

Extended care will be provided for 3, 4 and 5 year old preschoolers before the AM sessions 7:15-8:15 and after the AM sessions 11:00-12:00. Cost will be \$3.50 an hour.

_____ My preschooler will need extended care Please check line if needed.

Scholarships: Financial assistance is available on an individualized basis. For further information, please contact the Preschool Director at 308-384-2086.

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 \$40.00 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 \$40.00 FEE** TO:

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

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|---------------------|
| OFFICE USE ONLY |
| Date Received _____ |
| Paid _____ |