

Nouvel Catholic Central Preschool Registration 2024-25

Online Registration available at www.NouvelCatholic.org/Preschool-Registration

Please send completed form to admissions@nouvelcatholic.org. A \$100 non-refundable deposit is required to secure your child's spot.

Student Information				
hild's Name: Gender:			Date of Birth:/	
Country of Birth:	Religion:	:	Ethnicity:	
Child Lives With:				
Family Information				
Address:	City: _		State: Zip: _	
Main Phone Number:	Main Contact Email:			
Resident School District:	Parish/Religious Affiliation:			
Your child is not required to be baptiz sacraments, if applicable, please prov		ICC, however,	in order to best prepare eac	h child for their
las your child been baptized? Date of Bapt		ism: Place of Baptism:		
Guardian #1 Contact Information				
rst Name: Last Name:		Relationship to Student:		
Place of Employment:		Primary Phone:		
Secondary Phone: Email:		Religious Affiliation:		
Guardian #2 Contact Information				
First Name:	Last Name:	Relationship to Student:		
Address (if different):		City:	State:	Zip:
Place of Employment:		Primary Phone:		
econdary Phone: Email:		Religious Affiliation:		
Program Enrollment				
3 Year Old Program Enrollment (Age 3	3 by Sept. 1)	4 Year Old P	rogram Enrollment (Age 4 b	oy Sept. 1)
Traditional 3 Year Old Preschool (Tues. & Thur.)2 Half Days2 Full Days		Traditional 4 Year Old Preschool (M, W & F)3 Half Days3 Full Days		
Multi-Age Traditional (3 or 5 Days) 3 Half Days 5 Half Days 5 Full Days		Multi-Age Traditional (5 Days) 5 Half Days 5 Full Days		
Multi-Age Traditional (3 or 5 I 3 Half Days 3 5 Half Days 5	Days) Full Days	_	ti-Age Montessori (5 Days) _ 5 Half Days 5 Fu	ıll Days