

Science Center of Iowa Preschool Registration Form

Child's Name: _____ Date of Birth: _____ Gender: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Occupation/Employer: _____ Date of Birth: _____

Phone: _____ Cell Home Work Alt. Phone: _____ Cell Home Work

E-mail Address: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Occupation/Employer: _____ Date of Birth: _____

Phone: _____ Cell Home Work Alt. Phone: _____ Cell Home Work

E-mail Address: _____

SCI Preschool Session: _____ Monthly Tuition Cost: \$ _____ /month

I understand that a **non-refundable deposit** is required to secure my child's place in each session.

I understand the Universal Pre-K offering is contingent upon program funding.

Deposits are accepted in cash, check (to SCI Preschool) or credit (Visa, MC, Discover, Am Ex) and may be made:

- In person at the SCI Preschool Office
- By phone at (515) 274-6868 ext. 239
- By US Mail to:
Science Center of Iowa Preschool
401 W. Martin Luther King Jr. Pkwy
Des Moines, IA 50309

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Rec'd: _____ Sent Conf. E/P/M/O: _____

Rec'd Emer. _____ Perm. _____ Med. _____ Imm. _____

