

Science Center of Iowa Preschool Application

Child's Name: _____ Gender: _____ DOB: ____/____/____

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

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

Please check all SCI Preschool programs you may be interested in:

Full Time Program, 5 days a week:

- 3 year old
- 4 year old

Part Time Program:

- 4 year old - AM
- 4 year old - PM
- 3 year old - AM
- 3 year old - PM

Anticipated Year of Enrollment:

Your date of application determines your position on our waiting list for class preference. We will contact you several months before school begins for formal registration and a deposit will be required to guarantee your child's place. Contact the SCI Preschool Director with any questions at (515) 274-6868 ext. 203 or scipreschool@sciowa.org.

Families of all SCI preschool students must be Science Center of Iowa members while their child attends preschool. For membership information, visit www.sciowa.org/Membership.

Please complete this form as your application and return to the SCI Preschool:

- In person to the SCI Preschool Office
- By fax to (515) 274-3404 Attn: Preschool

- By US Mail to:
Science Center of Iowa Preschool
401 W. Martin Luther King Jr. Pkwy
Des Moines, IA 50309



For Office Use Only:

Rec'd: _____