

PRE-KINDERGARTEN SERIES APPLICATION

Please type or print clearly

Date to begin Pre-Kindergarten: Fall of 20____ Morning Class Afternoon Class
Date of Application _____

Child's Name _____
Last First Middle

Nickname (if any) _____ Date of Birth _____ Sex F M

Child lives with _____

Street Address _____ Apt # _____

City/State/Zip _____ Home Ph _____ Cell Ph _____

Mother's Name _____

Street Address (if different from above) _____ Apt # _____

City/State/Zip _____ Home Ph _____ Cell Ph _____

Place of Employment _____ Work Phone _____

Father's Name _____

Street Address (if different from above) _____ Apt # _____

City/State/Zip _____ Home Ph _____ Cell Ph _____

Place of Employment _____ Work Phone _____

Legal Guardian (if other than parent) _____

Street Address (if different from above) _____ Apt # _____

City/State/Zip _____ Home Ph _____ Cell Ph _____

Place of Employment _____ Work Phone _____

Signature of parent/guardian

Date

Classes are filled on a first-come, first-served basis by the date of the application.

Call the Lakeview Museum Pre-Kindergarten, 309/686-7000 Ext. 124 with questions.