



# LAKEVIEW MUSEUM OF ARTS & SCIENCES

in Affiliation with the Smithsonian Institution

## PRESCHOOL APPLICATION

Date to begin Preschool: Fall of 200\_\_\_\_ 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 Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Legal Guardian (if other than parent) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

*Applicants will be contacted in October of the year before your child begins Preschool.  
Please let us know if you change addresses or phone numbers so we may contact you.*

*Classes are filled on a first-come, first-served basis by the date of the application.  
Call the Lakeview Museum Preschool, 309/686-7000 ext.124 with questions.*