

1221 EAST 6TH STREET
SHELDON, IA 51201
PHONE: 712-324-4837 FAX: 712-324-4838
EMAIL: CHILDRENSWORLD@SHELDON.K12.IA.US



INFANT PRE-REGISTRATION FORM

Thank you for your interest in Children's World. To register, please return this completed form to Children's World with a *\$25 non-refundable enrollment/activities fee per child*. This applies to new enrollments and re-enrollments after being withdrawn from the Center.

Based on availability, your child may be placed on a wait list, if needed. The wait list is processed based on the date Pre-Registration Forms and fees are received. Children's World staff will contact you prior to enrollment to review and complete appropriate enrollment forms and other pertinent information.

FAMILY INFORMATION

Parent/ Care Giver

First Name _____ Last Name _____

Relationship to child: _____
(i.e. Mom, Grandparent, Foster Parent)

Address _____ City _____ State _____

Phone: _____ Email: _____

Parent/ Care Giver

First Name _____ Last Name _____

Relationship to child: _____
(i.e. Mom, Grandparent, Foster Parent)

Address _____ City _____ State _____

Phone: _____ Email: _____

CHILD INFORMATION

Name: *(if known)* _____

Due Date: _____ Anticipated Start Date: _____

Parent Signature: _____

----- OFFICE USE ONLY -----

Pre- Registration Wait List Approved by: _____ Date: _____

Date Form Rcv'd: _____ Date Payment Rcv'd: _____ Rcv'd by: _____

Payment Type: Cash Check # _____

Date Processed: _____ Staff: _____