

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



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### 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 *\$50 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 This applies to new enrollments and re-enrollments after being withdrawn from the Center.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 -----

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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: \_\_\_\_\_