

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



PRE-ENROLLMENT 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 This applies to new enrollments and re-enrollments after being withdrawn from the Center.

Your child/children will be placed in their age-appropriate room based on availability. If needed, your child will be placed on a wait list. The wait list is processed based on the date Pre-Enrollment 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.

CHILD INFORMATION

First Name _____	Last Name _____
Date of Birth _____	Does this child have any special needs? Y N If yes, please explain on back of page.
First Name _____	Last Name _____
Date of Birth _____	Does this child have any special needs? Y N If yes, please explain on back of page.
First Name _____	Last Name _____
Date of Birth _____	Does this child have any special needs? Y N If yes, please explain on back of page.
First Name _____	Last Name _____
Date of Birth _____	Does this child have any special needs? Y N If yes, please explain on back of page.

FAMILY INFORMATION

Please provide us with some information about you and your child care needs so we can better serve you.

First Name _____ Last Name _____
Relationship to child
(i.e. Mom, Grandparent, Foster Parent) _____
Address _____ City _____ State _____ Zip _____
Best phone number to reach you _____
Email _____
On what date, do you expect your child/children will start needing care? (Month/Year) _____

Parent/Guardian Signature _____

Date _____

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Section below is for office use only.

Date *Form* Received: _____ Date *Deposit* Received: _____ Entered in Procure? Yes No

Notes: _____

Staff Initials: _____