

Vaughan Learning Center
Po Box 401 North Conway, NH 03860
603-356-5213
Heather@VaughanNH.com

Pre-Registration Form

1. Child's Name: _____ DOB: _____

2. Child's Name: _____ DOB: _____

Address: _____

Town/State: _____

Mother's Name: _____

Work Phone: _____

Daytime Phone: _____

Email: _____

Father's Name: _____

Work Phone: _____

Daytime Phone: _____

Email: _____

With Whom does the child live with? Mother Father Both Other

If other please specify _____

Enrollment Request (please circle)

Infant (6 wks- 13 months) Lil Tots (13 months-2) Big Tots (2-3) Preschool (3-4) PreK (4-5)

*Children must be independently potty trained with minimal teacher help to enroll in our preschool classroom.

**Children must be 100% potty trained to enroll in our Pre-K classroom.

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours:	_____	_____	_____	_____	_____

When would you like your child to start? _____

Parent's Signature: _____ Date: _____

Please mail this form and a non-refundable \$50 registration fee (your child will be placed on a waiting list if enrollment is full). When we determine there is space for your child you will be required to fill out a complete enrollment application.