

Vaughan Learning Center
P.O. Box 401 North Conway, NH 03860
603-356-5213

Heather@VaughanNH.com
Natalie@VaughanNH.com

Pre-Registration Form

Child's Name: _____ **DOB:** _____

Address: _____

Town/State/Zip: _____

Mother's Name: _____ **Father's Name:** _____

Work Phone: _____ **Work Phone:** _____

Daytime Phone: _____ **Daytime Phone:** _____

Email: _____ **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)

Days Needed (please circle)

Monday Tuesday Wednesday Thursday Friday

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.*