

Little Explorers Learning Center

ENROLLMENT APPLICATION

Child's Name: _____

Address: _____

Town: _____ State : _____ Zip : _____

Phone # _____ Child's Birthday: _____

Parent's Names

Mother: _____ Father : _____

Please indicate which program that your child is enrolling in :

Infant care: 6 weeks- 18 months

5 days ____ 4 days ____ 3 days ____ 2 days ____

Days needed M T W TH F

Toddler care: 18 months - 3 years

5 days ____ 4 days ____ 3 days ____ 2 days ____

Days needed M T W TH F

Nursery: 3 years and potty trained

5 days ____ 4 days ____ 3 days ____ 2 days ____

Days needed M T W TH F

Pre-school: 4 years old

5 days ____ 4 days ____ 3 days ____ 2 days ____

Days needed M T W TH F

Kindergarten: 5 years old by September 30

4 day program Mon.- Thurs. (9-3) ____

4 full days ____ 5 days ____

Elementary Care: Before school ____ M T W TH F

After school ____ M T W TH F

Combination ____ M T W TH F

Please return this application with an annual, NON-REFUNDABLE registration fee of \$ 50.00. All spaces are filled on first-come, first-served basis.

Return to: Little Explorers Learning Center

3 Blossom Rd

Plaistow, NH 03865

Please feel free to call Renee' at (603)382-3699 for more information