



**Village Montessori School**

20301 Fulks Farm Road  
Montgomery Village, MD 20886  
301-977-5766  
www.vms-md.com

**TWO YEAR OLD PROGRAM ADMISSION APPLICATION**

For school year beginning September 2018

Application date: \_\_\_\_\_ Child's age when starting school: \_\_\_\_\_, \_\_\_\_\_ Male / Female  
Years, Months

Child's Name: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City, State, Zip

Previous School/group experience: \_\_\_\_\_  
Institution/dates attended

Brothers and Sisters: \_\_\_\_\_  
Names and ages

Parent1 Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent1 Email: \_\_\_\_\_  
Please print carefully and legibly

Occupation and Location: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent2 Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent2 Email: \_\_\_\_\_  
Please print carefully and legibly

Occupation and Location: \_\_\_\_\_ Work #: \_\_\_\_\_

Requested Program:

Select	Program	Hours
<input type="checkbox"/>	Half Day	9 am - 12:15 pm
<input type="checkbox"/>	AM/Half	7 am - 12:15 pm
<input type="checkbox"/>	Extended	9 am - 3 pm
<input type="checkbox"/>	AM/Ext	7 am - 3 pm
<input type="checkbox"/>	PM/Ext	9 am - 6 pm
<input type="checkbox"/>	Full Day	7 am - 6 pm

Select	Days Per Week
<input type="checkbox"/>	5 Day
<input type="checkbox"/>	3 Day

For Office Use: Registration received date: _____ Registration fee received date: _____ Check #: _____ Enrollment packet sent: <input type="checkbox"/> Deposit received date: _____
---

Check all that apply: Student lives with: Parent1 \_\_\_\_\_ Parent2 \_\_\_\_\_ Other \_\_\_\_\_  
Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parents divorced \_\_\_\_\_ Separated \_\_\_\_\_

Financial responsibility will be assumed by: \_\_\_\_\_

A non-refundable \$75 application fee is due with this application