



**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 2023

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:**

School Year - 2 Year Old Program Tuition		
Select	Program	Hours
<input type="checkbox"/>	AM/Ext	7 am - 3 pm
<input type="checkbox"/>	Extended	9 am - 3 pm
<input type="checkbox"/>	PM/Ext	9 am - 6 pm
<input type="checkbox"/>	Full Day	7 am - 6 pm

<p><b><u>For Office Use:</u></b></p> <p>Registration received date: _____</p> <p>Registration fee received date: _____</p> <p>Check #: _____</p> <p>Enrollment packet sent: <input type="checkbox"/></p> <p>Payment #1 received date: _____</p>
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**Check all that apply:** Student lives with: Parent1 \_\_\_\_\_ Parent2 \_\_\_\_\_ Other \_\_\_\_\_  
 Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parents divorced \_\_\_\_\_ Separated \_\_\_\_\_

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

How did you hear about VMS?

- Referral from another family     Live in neighborhood     Google / Website     Other (Bus Ad, Postcards, Events, Local media)

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