

INFANT & TODDLER PROGRAM ADMISSION APPLICATION For school year beginning September 2024

| Application date: | Child's age when starting so | chool:, Male / Female |
|--|--|--|
| | | Years, Months |
| Child's Name: | First | Middle |
| | | |
| | ынприсе. | |
| Iome Address: Street | | City, State, Zip |
| | | City, State, Zip |
| Previous School/group experience: | Institution/dates attended | |
| | | |
| rothers and Sisters: | | |
| Names and ages | | |
| | Home #: | Cell #: |
| Please print carefully and leg | ibb | |
| , , , , | | |
| Occupation and Location: | | Work #: |
| Jaront 2 Namo | Homo # | Call #: |
| Parent2 Email: | Home #: | Cell #: |
| Please print carefully and leg | ibly | |
| Occupation and Location: | | Work #: |
| • | | |
| | | |
| Expected hours of attendance: | | |
| School Year -Infant & Toddl | er Program Tuition | For Office Use: |
| <u> </u> | | Registration received date: |
| Select Program | Hours | Registration fee received date: Check #: |
| The state of the s | am - 6 pm | Enrollment packet sent: □ |
| Full 7 | am - 6 pm | Payment #1 received date: |
| | | . dy.llorit ii / 1000110d ddiol |
| | | |
| Check all that apply: Student live | ves with: Parent1 Parent2 | Other |
| Father deceased | Mother deceased Paren | ts divorced Separated |
| inancial responsibility will be assumed | l by: | |
| | | |
| How did you hear about VMS? | to a table at a second and a second a second and a second a second and | Ollow/Day Ad Dayland, E. J. J. J. J. J. J. |
| Referral from another family Live | in neighborhood Google / Website | Other (Bus Ad, Postcards, Events, Local media) |