



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

**PRIMARY PROGRAM REGISTRATION**  
 For school year beginning September 2021

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 - Primary Program Tuition		
Select	Program	Hours
<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

For Office Use:  
 Registration received date: \_\_\_\_\_  
 Registration fee received date: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Enrollment packet sent:   
 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: \_\_\_\_\_

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 registration fee is due with this registration