

## INFANT & TODDLER PROGRAM ADMISSION APPLICATION For school year beginning September 2025

Application date:	Child's age when starting school:		, Male / Female Years, Months	
Child's Name:  Last	First		Midd	le
Birthdate:	Birthplace:			
Home Address:  Street			ity, State, Zip	
Previous School/group experience:	Institution/dates attended			
Brothers and Sisters:  Names and ages				
Parent1 Name: Parent1 Email:		me #:	Cell #:	
Please print carefully and leg	•		Work #:	
Parent2 Name:		me #:	Cell #:	
Please print carefully and leg	•		Work #:	
Expected hours of attendance:				
School Year -Infant & Toddl	er Program Tuition		For Office Use:	
School real illiant & road	cr r rogram randon		Registration rece	ived date:
Select Program	Hours		Registration fee i	eceived date:
	am - 6 pm		Check #:	
	am - 6 pm		Enrollment packet	et sent:
Z run /	ин орн		Payment #1 rece	ived date:
Ohaalaali shasaa ayaalaa Chadaasi li	December 1	Danas (O	la a a	
Check all that apply: Student li Father deceased	ves with: Parent1 Mother deceased	Parents divorce	dSepara	ated
Financial responsibility will be assumed	l by:			
How did you hear about VMS?  □ Referral from another family □ Live	in neighborhood □ Google	/ Website □ Other (B	us Ad, Postcards, E	vents, Local media)