

## PRIMARY PROGRAM REGISTRATION For school year beginning September 2025

Application date:		, Male / Female
Child's Name:	First	
Birthdate:		
Home Address:		_
Street	City,	State, Zip
Previous School/group experience:  Institution	n/dates attended	
Brothers and Sisters:  Names and ages		
Parent1 Name: Parent1 Email:	Home #:	Cell #:
Please print carefully and legibly  Occupation and Location:		Work #:
Parent2 Name: Parent2 Email:	Home #:	Cell #:
Please print carefully and legibly  Occupation and Location:		Work #:
Requested Program:		
School Year - Primary Program Tuition  Select Program Hours		For Office Use:  Registration received date:
☐ Half Day 9 am - 12:15 pm		Registration fee received date:
☐ AM/Half 7 am - 12:15 pm ☐ Extended 9 am - 3 pm		Check #: Enrollment packet sent: □
☐ AM/Ext 7 am - 3 pm ☐ PM/Ext 9 am - 6 pm ☐ Full 7 am - 6 pm		Payment #1 received date:
Check all that apply: Student lives with:  Father deceased N	: Parent1 Parent2 Other Nother deceased Parents divorced _	 Separated
Financial responsibility will be assumed by:		_
How did you hear about VMS?  □ Referral from another family □ Live in neight	borhood ☐ Google / Website ☐ Other (Bus	Ad, Postcards, Events, Local media)