

TWO YEAR OLD PROGRAM ADMISSION APPLICATION For school year beginning September 2025

Application date:	Child's age when starting school:	years, Months Male / I	⁻ emale
Child's Name:	First	Middle	
Birthdate:	Birthplace:		
Home Address:		City, State, Zip	
Previous School/group experience:	ion/dates attended		
Brothers and Sisters: Names and ages			
Parent1 Name: Parent1 Email:			
Please print carefully and legibly Occupation and Location:		Work #:	
Parent2 Name: Parent2 Email:	Home #:	Cell #:	
Please print carefully and legibly Occupation and Location:		Work #:	
School Year - 2 Year Old Program Tuition Select Program Hours Half Day 9 am - 12:15 pm AM/Half 7 am - 12:15 pm Extended 9 am - 3 pm AM/Ext 7 am - 3 pm PM/Ext 9 am - 6 pm Full 7 am - 6 pm	Registration fee receiv Check #: Enrollment packet sen		
	Mother deceased Parents divo	orced Separated	_
Financial responsibility will be assumed by: How did you hear about VMS? □ Referral from another family □ Live in neig	ghborhood □ Google / Website □ Othe		media)