



Village Montessori School

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

TWO YEAR OLD PROGRAM ADMISSION APPLICATION
For school year beginning September 2017

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:

Select	Program	Hours
<input type="checkbox"/>	Half Day	9 am - 12:15 pm
<input type="checkbox"/>	AM/Half	7 am - 12:15 pm
<input type="checkbox"/>	Extended	9 am - 3 pm
<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

Select	Days Per Week
<input type="checkbox"/>	5 Day
<input type="checkbox"/>	3 Day (M,W,F)
<input type="checkbox"/>	2 Day (T,Th)

<p><u>For Office Use:</u></p> <p>Registration received date: _____</p> <p>Registration fee received date: _____</p> <p>Check #: _____</p> <p>Enrollment packet sent: <input type="checkbox"/></p> <p>Deposit received date: _____</p>
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Check all that apply: Student lives with: Parent1 _____ Parent2 _____ Other _____
Father deceased _____ Mother deceased _____ Parents divorced _____ Separated _____

Financial responsibility will be assumed by: _____

A non-refundable \$75 application fee is due with this application