

2024-2025 NEW STUDENT APPLICATION FORM \$100.00 FEE REQUIRED

Child's Name	S	lex	Date of Birth
Street	City_		Zip
Parent/Guardian	Home Tel		Cell Tel
Address (if different from ab	ove)		Work Tel
Parent/Guardian	Home Tel		Cell Tel
Address (if different from above)			Work Tel
Parent Email (for school use	only)		
Class child is applying for (C	heck one):		
	Fuesdays and Thursdays, 9:00 a years old by January 1)	ı.m 11:30 a.	.m
	Mondays, Wednesdays, and Frie years old by January 1)	days, 9:00a.m	u – 1:15 p.m.
	ays, Tuesdays, Wednesdays, Th (Child must be four years old	•	Fridays,
VNS does not discriminate of	n the basis of race, creed, color	or sex.	
Check her more information. Thank ye		olunteering.	We would be happy to send you
	\$100.00 Application	on Fee due	
DateSi	gnature of Parent/Guardian		
	FOR VNS USE	ONLY	
Date received	Enrollment Contract Sent		

Enrollment Contract Returned _____