



2024-2025
RETURNING STUDENT APPLICATION FORM
NO FEE REQUIRED

Child's Name _____ Sex _____ Date of Birth _____

Street _____ City _____ Zip _____

Parent/Guardian _____ Home Tel. _____ Cell Tel. _____

Address (if different from above) _____ 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 (Check one):

-3-Year-Old Class: Tuesdays and Thursdays, 9:00 a.m. - 11:30 a.m. _____
(Child must be three years old by January 1)

-4-Year-Old Class: Mondays, Wednesdays, and Fridays, 9:00a.m – 1:15 p.m. _____
(Child must be four years old by January 1)

-Pre-K Class: Mondays, Tuesdays, Wednesdays, Thursdays and Fridays, _____
9:15 a.m. - 1:00 p.m. (Child must be four years old by May 31)

VNS does not discriminate on the basis of race, creed, color or sex.

_____ Check here if you might be interested in volunteering. We would be happy to send you more information. Thank you

Date _____ Signature of Parent/Guardian _____

FOR VNS USE ONLY

Date received _____

Enrollment Contract Sent _____

Enrollment Contract Returned _____