



Woods Creek Montessori • 2 Dold Place • Lexington, VA 24450 • (540) 463-6461

Wait List Form

CHILD'S FULL NAME & NICKNAME (if any)	MALE OR FEMALE	CURRENT AGE
HOME ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH
MOTHER'S NAME	EMAIL ADDRESS (MOTHER)	CELL PHONE (MOTHER)
PLACE OF EMPLOYMENT (MOTHER)		WORK PHONE (MOTHER)
FATHER'S NAME	EMAIL ADDRESS (FATHER)	CELL PHONE (FATHER)
PLACE OF EMPLOYMENT (FATHER)		WORK PHONE (FATHER)

Please indicate below the program and schedule in which you will enroll your child.

Pre-Toddler (12 – 24 months)

- 5 FULL DAYS M-F 8:20am – 3:00pm
- 5 HALF DAYS M-F 8:20am – 12:30pm

Toddler (2 – 3 years)

- 5 FULL DAYS M-F 8:20am – 3:00pm
- 5 HALF DAYS M-F 8:20am – 12:30pm

Primary (3 – 6 years)

- 5 FULL DAYS M-F 8:20am – 3:00pm
- 5 HALF DAYS M-F 8:20am – 12:30pm

Kindergarten (must be 5 by Sept. 30th)

- 5 FULL DAYS M-F 8:20am – 3:00pm

After School Program

- FULL TIME M-F 3:00pm – 4:00pm
- FULL TIME M-F 3:00pm – 5:30pm

Summer Program

- If accepted, I will be enrolling my child in summer camp.

Desired Start Date: _____
MONTH YEAR

Please send this form, along with a \$40 non-refundable processing fee to the address above.

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____
CHK#: _____