



2 Dold Place Lexington, VA 24450 540-463-6461

www.woodscreekmontessori.org

Office use only:

Date application received: _____

Program: _____ Schedule: _____ Aug. _____ Jan. _____

2009-2010 Waitlist Form

Child's full name: _____ Nickname: _____

DOB _____
Month Day Year

Current Age: _____

Parents' Names _____

Mailing Address: _____
Street, City, State, Zip

Email Address(es): _____

Telephone Number(s): M _____ / F _____

Please mark below the program you are interested in enrolling your child (***please see our website for program tuition fees and payment options:***)

<p>Pre-Toddler (16mo.-24mo.)</p> <p>___ 5 Full Days M-F 8:00am-5:00pm</p> <p>___ 5 Half Days M-F 8:00am-12:30pm</p>	<p>Toddler (25mo.-3yrs.)</p> <p>___ 5 Full Days M-F 8:00am-3:00pm</p> <p>___ 5 Half Days M-F 8:00am-12:30pm</p>
<p>Primary I/II (3-6yrs.)</p> <p>___ 5 Full Days M-F 8:20 am-3:00pm</p> <p>___ 5 Half Days M-F 8:20 am-12:30pm</p>	<p>Kindergarten (must be 5 by Sept. 30 and preferably a current WCM student)</p> <p>___ 5 Full Days M-F 8:20 am-3:00pm</p>

After -School : ___ Full Time M-F 3:00pm-5:00pm or ___ Part Time (1-4 days per week)

Desired Start Date: _____
Month Year

Please send this form, along with a \$30 non-refundable processing fee to:
Woods Creek Montessori

**2 Dold Place
Lexington, VA 24450**

If you have not received confirmation within 2 weeks, please call our office at: 540-463-6461.