



2 Dold Place – Lexington, VA 24450
www.woodscreekmontessori.org
540 – 463 – 6461

Wait List Form

CHILD'S FULL NAME	NICKNAME (if any)	CURRENT AGE
HOME ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH
PARENTS' NAMES	EMAIL ADDRESS(ES)	
PHONE NUMBER (MOTHER)	PHONE NUMBER (FATHER)	

Please indicate below the program you are interested in enrolling 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

Desired Start Date: _____
MONTH YEAR

Please send this form, along with a \$40 non-refundable processing fee to:

Woods Creek Montessori
2 Dold Place
Lexington, VA 24450

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____
CHK#: _____