



1600 Jefferson Hwy P.O.Box 1049
 Fishersville, Virginia 22939
 540-779-0643

Office use only:
 Date application received: _____

Waitlist Form

Child's full name: _____ Nickname: _____

DOB _____ Current Age: _____
Month Day Year

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:

<p>3 days a week class Mon -Wed</p> <p style="text-align: center;"> <input type="checkbox"/> 3 Half Days M-F 8:45am-11:45am <input type="checkbox"/> 3 Full Days M-F 7:00am-6:00pm </p>	<p>3 days a week class Wed-Fri</p> <p style="text-align: center;"> <input type="checkbox"/> 3 Half Days M-F 8:45am-11:45am <input type="checkbox"/> 3 Full Days M-F 7:00am-6:00pm </p>
<p>5 days a week class Mon-Fri</p> <p style="text-align: center;"> <input type="checkbox"/> 5 Half Days M-F 8:45am-11:45am <input type="checkbox"/> 5 Full Days M-F 7:00am-6:00pm </p>	<p>*Early Drop Off <input type="checkbox"/> Full Time M-F 7:00-8:45am</p> <p>*Lunch Bunch <input type="checkbox"/> Full Time M-F 11:45pm-3:00pm</p> <p>*After -School: <input type="checkbox"/> Full Time M-F 11:45am-6:00pm</p>

*Please know that Early Drop Off, Lunch Bunch and After School may be provided separately to customize your needs. There are also drop in rates and opportunities if needed. Please contact the office for further information.

Desired Start Date: _____
Month Year

Please send this form, along with a \$25 non-refundable processing fee to:
FUMC Child Development Center
 1600 Jefferson Hwy P.O.Box 1049
 Fishersville, Virginia 22939
 540-779-0643

If you have not received confirmation within 2 weeks, please call the office.