



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 \_\_\_\_\_  
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:

<p><b>3 days a week class Mon -Wed (2 ½ and 3 year olds)</b></p> <p style="text-align: center;"> <input type="checkbox"/> 3 Half Days    M-W    8:45am-11:45am  <input type="checkbox"/> 3 School days    M-W    8:45am-3:00pm  <input type="checkbox"/> 3 Full Days    M-W    7:00am-6:00pm                 </p>	<p><b>3 days a week class Wed-Fri (2 ½ and 3 year old)</b></p> <p style="text-align: center;"> <input type="checkbox"/> 3 Half Days    W-F    8:45am-11:45am  <input type="checkbox"/> 3 School Days    W-F    8:45am-3:00pm  <input type="checkbox"/> 3 Full Days    W-F    7:00am-6:00pm                 </p>
<p><b>5 days a week class Mon-Fri (all ages)</b></p> <p style="text-align: center;"> <input type="checkbox"/> 5 Half Days    M-F    8:45am-11:45am  <input type="checkbox"/> 5 School Days    M-F    8:45am-3:00pm  <input type="checkbox"/> 5 Full Days    M-F    7:00am-6:00pm                 </p>	<p><b>Options that can be added to other schedules:</b></p> <p>*Early Drop Off    7:00-8:45am                  *Lunch Bunch    11:45pm-3:00pm                  *After -School:    11:45am-6:00pm</p>

Desired Start Date: \_\_\_\_\_  
Month Year

Please send this form, along with a \$25 non-refundable processing fee to:

**Noah's Ark Learning Center**  
**Fishersville United Methodist Church**  
 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.