



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:

3 days a week class Tue, Wed, Thur (2 ½ and 3 year olds)

____ 3 Half Days 8:30am-12:30pm

____ 3 School days 8:30am-3:00pm

____ 3 Full Days 7:00am-6:00pm

5 days a week class Mon-Fri (all ages)

____ 5 Half Days 8:30am-12:30pm

____ 5 School Days 8:30am-3:00pm

____ 5 Full Days 7:00am-6:00pm

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.