

BUTLER MONTESSORI SCHOOL

230 East Jefferson Street, Butler, PA 16001
724-283-1846

ENROLLMENT APPLICATION

Application date _____ Desired entry year _____

Child's name _____

Birthdate _____ Gender _____

Address _____

City/State/ZIP _____

Home phone _____

Mother's name _____

Address/Phone _____

(if different) _____

Occupation _____ Employer _____

Work/Cell phone _____

Father's name _____

Address/Phone _____

(if different) _____

Occupation _____ Employer _____

Work/Cell phone _____

- I understand this application will make me eligible for an available space or to be placed on the waiting list.
- Enclosed is the application fee of \$25. This fee is nonrefundable. Application fee applies only to first year families.

Signed _____

For office use only

Date received _____ Check #/Amount _____ Date called _____