

# 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 \_\_\_\_\_

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### For office use only

Date received \_\_\_\_\_ Check #/Amount \_\_\_\_\_ Date called \_\_\_\_\_