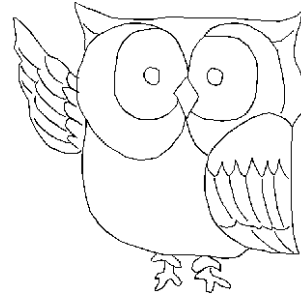


Student's Name: _____

The Children's House
A Montessori School
1920 Bryan Lane
Penryn, CA 95663
(916) 663-1574



Julie J. Burkett, Director

Application for Enrollment

I request enrollment for my child: _____ in **The Children's House** for the session and days indicated below:

___ Full Day Session: M T W T F ___ Morning Session: M T W T F ___ Afternoon Session: M T W T F

I enclose \$100.00, a one-time, non-refundable registration fee, to secure my request for this child. Please make checks payable to: **Julie J. Burkett**. Note: Payment of the first tuition installment is required to fully reserve a space for your child.

Please print and completely provide the following information:

Child's Birth Date: _____ (mmm-dd-yy)

Previous School: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

School's Signature: _____

Date: _____