

COURSE APPLICATION 2010 - 2011



MONTESSORI CLASSROOM ASSISTANTS' COURSE

Toronto

MONTESSORI INFANT TODDLER DIPLOMA COURSE

Toronto

MONTESSORI EARLY CHILDHOOD DIPLOMA COURSE

Toronto July ____ September ____

MONTESSORI ELEMENTARY DIPLOMA COURSE – (6 TO 9 YEARS)

Toronto

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Job Title: _____

Employer: _____

Emergency Contact: _____ Phone: _____

RELATED BACKGROUND INFORMATION

Academic Qualifications: _____

Professional Qualifications: _____

Experience with Children: _____

I agree that the above information is correct,

Signature of Applicant: _____ **Date:** _____

Remember to keep a copy, including the Application Checklist and Schedule of Fees.

APPLICATION CHECKLIST FOR MONTESSORI CLASSROOM ASSISTANTS' COURSE

- A current resume is enclosed with my application
- Payment of the nonrefundable application fee of \$200

SCHEDULE OF FEES FOR MONTESSORI CLASSROOM ASSISTANTS' COURSE

Application:	\$ 200	Due with application
Balance:	\$ 790	Due on or before June 1, 2009
Total Tuition:	\$ 990	

On receipt of your complete application package (including a cheque for \$200), you will be contacted for confirmation of acceptance. Open entry.

APPLICATION CHECKLIST FOR INFANT TODDLER DIPLOMA, MONTESSORI EARLY CHILDHOOD DIPLOMA AND MONTESSORI ELEMENTARY DIPLOMA – PART 1

- A current resume is enclosed with my application
- An official transcript
- Three letters of recommendation: academic, employer and personal
- Written observation report of an operational Montessori classroom
- A current criminal reference check (within last six months)
- Payment of the nonrefundable application fee of \$200

On receipt of your complete application package (including a cheque for \$200), you will be contacted for an interview and English assessment. This process takes about 1.5 hours.

I have read all of the above, fully understand the terms and conditions and agree to comply with same.

Signature of Applicant: _____ **Date:** _____

Signature of College Representative: _____ **Date:** _____

Please send this form, the required documents, and a cheque payable to Montessori Teachers College to:
Montessori Teachers College reserves the right to cancel any course 21 calendar days prior to its commencement.

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