

Spring Valley Montessori Teacher Education Program

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2011-2012 Application for Montessori Teacher Education Program, MACTE Accredited

Please check: Program I (ages 2 1/2 - 6)_____ Program II (ages 6-12)_____ Starting Term_____, 20____

Name_____ Home Phone:_____

Cell Phone # _____ E-mail_____

Address_____ City_____ State_____ Zip_____

Date of Birth_____ Place_____ Citizenship_____

Marital Status_____ Health_____ Number and Ages of Children_____

Person to contact in case of Emergency _____

Place of Employment_____ City_____

Work Phone # _____ Fax #: _____

Education

	Date	Major	Degree
High School_____	_____	_____	_____
College_____	_____	_____	_____
Graduate School_____	_____	_____	_____

Experience:

Teaching and Dates:_____

(You may add another page or your resume to list more.)

Have you previously attended any Montessori lectures, workshops, etc. and if you have, where and when?

How did you develop an interest in the Montessori Method?_____

Where did you hear about our Program?_____

I understand and agree the tuition for the course is \$5,450 (\$1,880 per quarter or \$645/mo.) which is due and payable by me if my application is accepted by Spring Valley Montessori School, even if I fail to complete the course for any reason unless specified as in the cancellation and refund policy (WAS 490-600-071).

Enclosed non-refundable registration fee-\$250(Registration Fee is \$200 if received before June 10, 2011)

Signature_____

Date_____