



Montessori Institute

for Teacher Education at Spring Valley

Madeleine J. Justus
School Founder

Gulsevin Kayihan
Academic Director

Susan Hancock
Finance Director

Educating Children and Teachers Since 1951

2016-2017 Application for Montessori Teacher Education Program, MACTE Accredited

Program: **Early Childhood Program** (ages 2½ - 6) Tuesdays, 2:30pm – 9pm Starting Term____, 20____
 Elementary Program (ages 6 - 12) Saturdays, 8:30am - 5pm

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 #: _____

<u>Education</u>	<u>Date</u>	<u>Major</u>	<u>Degree</u>
High School _____	_____	_____	_____
College _____	_____	_____	_____
Graduate School _____	_____	_____	_____

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

Teaching and Dates: _____

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 \$5,950 (\$ 2,045 per quarter or \$ 700 per month) 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, 2016)

Signature_____ Date_____