

**MONTESSORI ELEMENTARY TEACHER EDUCATION**

**June 21 to July 16, 2010: ages 6-7**

**July 19 to August 13, 2010: ages 8-9**

Send application form and make checks payable to:

**Montessori Center for Teacher Education**

4544 Pocahontas Ave.

San Diego, CA 92117

Ph: (858) 270-9350

[www.montessoricenterforteachereducation.org](http://www.montessoricenterforteachereducation.org)

Note: Class will be held with a minimum of 6 Adult Learners

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teaching Experience: \_\_\_\_\_

\_\_\_\_\_

Montessori Early Childhood Teacher Education: \_\_\_\_\_

\_\_\_\_\_

Director/Teacher of your Early Childhood Teacher Education: \_\_\_\_\_

Teacher Education Center's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Did you receive a diploma/credential?  yes  no when? \_\_\_\_\_

Enclosed is a copy of my Montessori Early Childhood Diploma/Credential.

I wish to apply for:  Complete Program \*  Full 8-week Component

or  4-weeks for ages 6-7

or  audit only \*

\*An "audit may be taken by any student who demonstrates reasonable, related background and/or interest in the Montessori Elementary curriculum. When auditing the course, the student will receive all standard notes and master copies distributed during lectures. THERE IS NO CERTIFICATE AWARDED to those who choose the audit option.

*Montessori Center for Teacher Education accepts any student without regard to race, color, sex, religion, or national origin.*

I would like assistance with housing.

How did you find out about this workshop? \_\_\_\_\_

I understand the application/registration fee of \$200 is non-refundable if I am accepted for enrollment in the Course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MONTESSORI ELEMENTARY TEACHER EDUCATION**  
**Application and Agreement Form**  
**for the 9-12 Component of the 6-12 Credential**  
**Dates: June 28 – July 23, 2010**

Send application form and make checks payable to:  
**Montessori Center for Teacher Education**  
4544 Pocahontas Ave.  
San Diego, CA 92117  
(858) 270-9350

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**Note: Class will be held for a minimum of 5 Adult Learners**

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Birthday (MM/DD) \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Educational background: \_\_\_\_\_

Teaching Experience: \_\_\_\_\_

**Do you have Montessori 6-9 Teacher Education:** \_\_\_ Yes \_\_\_ No

Director/Teacher of your 6-9 Teacher Education: \_\_\_\_\_

Teacher Education Center's Name and Address \_\_\_\_\_

Did you receive a Credential? \_\_\_\_\_ yes \_\_\_\_\_ no When? \_\_\_\_\_

\_\_\_\_\_ I wish to take the 9-12 Component of the 6-12 Credential.

\_\_\_\_\_ I understand I must have a 4 year college degree in order to receive the 6-12 Credential.

\_\_\_\_\_ I wish to take the 9-12 Component as a workshop only.

\_\_\_\_\_ I would like assistance with housing.

How did you find out about this workshop? \_\_\_\_\_

\_\_\_\_\_ I understand my 6-9 Credential will be evaluated to determine if there are any additional requirements to be met in order to receive the 6-12 Credential from this Teacher Education Program.

I understand the application/registration fee of \$100 is non-refundable if I am accepted for enrollment in this 9-12 Component.

*Montessori Center for Teacher Education accepts any student without regard to race, color, sex, religion, or national origin.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

