

MONTESSORI CENTER FOR TEACHER EDUCATION

Montessori Early Childhood Education 3-6

4544 Pocahontas Ave.

San Diego, CA 92117

(858) 270-9350

www.MontessoriCenterForTeacherEducation.org

Application and Agreement Form

Name _____ Date _____

Date of Birth _____ Social Security # _____

Home/Cell Phone _____ Email address _____

Address _____

City _____ State _____ Zip _____

Educational Background: Highest Degree _____ Date _____ College _____

Teaching Experience (if any) _____

Present Occupation _____

Before sending any fees, or application form, it is recommended that you have a personal visit or phone interview with the Program Director or Assistant Program Director.

At total of \$470 must accompany this form. This includes an application/registration fee of \$100, AMS adult learner fee of \$215, and MACTE adult learner fee of \$155. These fees are non refundable and are applicable to the Course tuition.

I wish to attend the Early Childhood Montessori Teacher Education Course.

I have had my personal or phone interview with _____ on _____

I have received the School Catalog as required by the California Education Code.

I understand that it is my responsibility to obtain a DOJ/FBI fingerprint clearance before I start my Practicum.

Signature _____ Date _____

Montessori Center for Teacher Education welcomes diversity in our student body, faculty and staff. We adhere to a policy of non-discrimination in regard to race, color, creed, national or ethnic origin, sex, marital status, sexual orientation, and gender identity.

Return this form with fee payable to: Montessori Center for Teacher Education
4544 Pocahontas Avenue, San Diego, CA 92117

For Office Use Only: Accepted for enrollment by _____ Date _____

Total Fee Paid _____ Check # _____ Cash _____ Date _____