

**MONTESSORI CENTER FOR TEACHER EDUCATION**

**Montessori Early Childhood Education 3-6**

4544 Pocahontas Ave.

San Diego, CA 92117

(858) 270-9350

[www.MontessoriCenterForTeacherEducation.org](http://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

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For Office Use Only: Accepted for enrollment by \_\_\_\_\_ Date \_\_\_\_\_

Total Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_