

MONTESSORI CENTER FOR TEACHER EDUCATION
Elementary Childhood Education (ages 3-6)

4544 Pocahontas Ave.
San Diego, CA 92117
(858) 270-9350

www.MontessoriCenterForTeacherEducation.org

Application and Agreement Form

(Please type or print neatly)

Name _____ Date of Birth _____

Home/Cell Phone _____ Email address _____

Address _____

City _____ State _____ Zip _____

Educational Background: Highest Degree _____ Date _____

School/College _____

Teaching Experience (if any) _____

Current Employment _____

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

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 (available at www.MontessoriCenterForTeacherEducation.org).

Return this form with the application/registration fee of \$100 payable to:

Montessori Center for Teacher Education
544 Pocahontas Avenue, San Diego, CA 92117

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.

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

Total Fee Paid _____ Check # _____ Cash _____ Date _____