

Montessori Center for Teacher Development Application for Admission 2024

Last Name	First Name		Middle Name
Preferred Name	Maiden Name	Last	4 Digits of Social Security #
Street Address			
City	State	Zip	Country
Work Phone #	Home Phone #		Cell Phone #
Email Address	License Plate #		Fax #
Date of Birth (MM/DD/YY)	Gender		
Emergency Contact and Me	dical Information		
In case of an emergency, please l	ist the name and phone	number for	your contact.
Name of Emergency Contact	Relationship to App	plicant	Phone Number
Please list any medical conditio emergency:	ns you have which Mo	CTD should	l be aware of in case of an



Educational Background

High School	Graduation Date	City, State	Diploma
College	Graduation Date	Major	Degree
Graduate School	Graduation Date	Field of Study	Degree
Montessori Creden	tial Program		Year
Other Studies/Worl	kshops	Program	Year
completed to our educational institut	office. These are require	ots from the school of your hid for admission. If your transithe United States, they must Yorld Education Services.	canscripts are from an
please be aware that applicant's respons	nat as local and state reg	seeking an Early Childhood ulations for teaching qualifi her required qualifications to sloyment.	ications vary, it is the

Employment Background

Present Employer	Position	From	То
Job Description			
Previous Employer	Position	From	То
Job Description			
Previous Employer	Position	From	То
Job Description			



Prior Teaching Experience

School	Position		From	То
☐ Check if this is	s a Montessori Scho	ol		
School	Position		From	То
	a Montessori Scho	o1	Tiom	10
- Check if this is	a Wontesson Seno	OI		
Other Experien	nce Working wit	h Children		
Teaching Certi	ficate (please se	nd a copy to our off	rice)	
References				
Letters of reco program. These this year. Ple	e should be writt ase list the na ons to us on you	ten specifically for a mes and informat	2 personal – are required from the people who g this application, you give	ssion to our program will be submitting
Professional Ro	eference Name	Position/Title	Relationship to Applican	t Phone #
Professional Ro	eference Name	Position/Title	Relationship to Applican	t Phone #
Personal Refer	ence Name		Relationship to Applican	t Phone #
Personal Refer	ence Name		Relationship to Applican	t Phone #
Practicum/Ii	nternship			
Practicum/Internship Site (School Name)		Supervisi	ng Teacher	
Street Address		City	State	Zip
Phone #	Fax#	Emai	l Address Sc	hool Director



School Affiliation:			
		AMS AMS Member School # (AMI) Expiration Date ()
		Other	
		g my Practicum/Internship at The Ments for a Practicum/Internship site	•
-		um/Internship site, please visit the ible Practicum/Internship locations	
Additional Inform	ation		
1 1		MS requirements, Adult Learners ential. Please indicate how you pro	
Where did you hear a	bout M	ICTD?	
☐ I am applying at where I am curren my tuition and oth please include a su	the rectly empler fees	on of your tuition, please fill out the quest of	ot □ be responsible for paying for the Adult Learner is paying part,
Are you proficient in	Englis	h?	
program, as classed Adult Learners maccourses. English p	es are oust be broficie	roficient in the English language to conducted in English and written wable to speak, understand, read, and ency is determined during the applicant will not be accepted into the programment.	ork must be submitted in English. In discrete d
community of tea	chers a	sh proficiency, we do welcome a nd Adult Learners. If you are fluent	in other languages, please indicate
		d like us to know about your learn course?	



To Complete Your Application

1. Include your <u>non-refundable</u> Registration Fee. Applications are due May 1, 2024.

Registrations received after June 1, 2024 will be charged a \$100 Late Registration Fee <u>in</u> <u>addition</u> to the regular Registration Fee. Tuition and fees for the program are listed below. All tuition payments and fees are due in full by the dates listed below. Transportation expenses, books, and supplies are not included and are the responsibility of the Adult Learner. The cost of books and supplies is approximately \$300 – \$600 depending on the source. *All checks should be made payable to The Montessori Children's Academy*.

Tuition and Fees 2024 – 2025

Tuition:	\$7,550.00
Registration Fee:	\$200.00
Association Fee:	\$450.00
Total Fees:	\$8,200.00
Possible Additional Fees	
Additional Late Registration Fee (after 6/1/24):	\$100.00
Late Payment Fee:	\$150.00
Self-Directed Internship:	\$1,000.00
Audit (per day):	\$200.00
Extra Field Visit (per visit):	\$200.00
One-year Extension:	\$350.00

Payment Schedule 2024 – 2025

5/1/24	Application and Registration Fee		\$200.00
6/1/24	1 st Payment		\$2,300.00
6/1/24	Association Fees		\$450.00
		(Total 6/1/24	- \$2,750.00)
10/01/24	2 nd Payment		\$1,750.00
2/01/25	3 rd Payment		\$1,750.00
6/01/25	4 th Payment		\$1,750.00
	Total Payments		\$8,200.00



- 2. Include four (4) current letters of recommendation (2 professional and 2 personal) and a copy of your teaching certificate (if you possess one).
- 3. Send two (2) sets of official transcripts from the school of your highest education level completed. If your highest degree is a high school diploma, send a copy of your high school transcript.
- 4. Complete and include the attached essay questions.

MAIL ALL DOCUMENTS TO:

Montessori Center for Teacher Development Attn: Admissions Department 286 Main Street Chatham, NJ 07928

CANCELLATION BY APPLICANT: The Applicant may cancel this contract and receive a full refund of all monies paid to date if cancellation is made in writing and mailed to Montessori Center for Teacher Development, Attn: Admissions Department, 286 Main Street, Chatham, NJ 07961, postmarked within three (3) business days of the date of the signature on this application.

REFUND POLICY: If an Adult Learner withdraws from the program one month prior to the program starting date, 100% paid tuition (less registration fee) will be refunded. After the start of the program, allowable refund percentages are computed from the date of official withdrawal, not from the time when the Adult Learner ceases attending classes. Please see our Refund Policy in the *MCTD Adult Learner Handbook*. The Adult Learner is required to withdraw officially by submitting a written letter of intent to the Admissions Department.

CANCELLATION OF PROGRAM: MCTD reserves the right to cancel any program prior to its start date due to lack of enrollment. In the event of such cancellation, paid fees, deposits, and tuitions will be refunded.

JOB PLACEMENT DISCLAIMER: MCTD does not guarantee job placement, salary, or occupational advancement to graduates.

NON-DISCRIMINATION POLICY: MCTD admits Adult Learners without regard to race, color, creed, national or ethnic origin, age, disability, marital status, sexual orientation, or any other basis protected by federal, state, or local law. Please see our full Antidiscrimination Policy in the *MCTD Adult Learner Handbook*.

Upon receipt of your complete application package, we will notify you via mail and email with regard to your acceptance.

We look forward to the opportunity to work with you and prepare you to be a professional Montessori educator. By signing below, you acknowledge that you have read and understand



all aspects of this application and recognize your legal responsibilities in regard to this application. You also agree to be photographed or videotaped for our promotional purposes. If you do not wish to be photographed or videotaped, you understand that it is your responsibility to notify us in writing.

I acknowledge that all information I have provided is truthful and accurate. I understand that any false information or willful misrepresentation will result in my application being eliminated from consideration or my enrollment in MCTD being terminated. In the event that my application is rejected, I will receive a refund of 100% paid tuition (less registration fee). If my enrollment is terminated by MCTD after the start of the program, allowable refund percentages will be computed from the date of official termination.

Applicant's Signature	Date

Essay Questions

Please respond to each of the four questions below. Responses to each question should be at least one and not more than two paragraphs long (approximately 5 to 8 sentences). Please submit your responses on a separate sheet (or sheets) of paper. Your application is not considered complete until your essay responses have been submitted.

- 1. Why are you interested in becoming a Montessori teacher?
- 2. What experience do you have working with young children?
- 3. Why did you choose this age group (Early Childhood $-2\frac{1}{2}$ to 6 years)?
- 4. What are your short-term and long-term goals after receiving your Montessori Certification?