



East Bay Montessori Training (EBMT)

4511 Peralta Blvd, Fremont, Ca 94536

Phone: (510) 474-3949 Fax: (510) 279-5938

Website: www.eastbaymt.com Email: info@eastbaymt.com

APPLICATION For ADMISSION

2017 - 2018

Early Childhood (2 ½ through 6 years)

___ I am registering for the entire EC Montessori Training including practicum: \$4,316

___ I am registering only for the course(s) checked below:

- Montessori Philosophy: (\$390) Practical Life: (\$390) Sensorial: (\$390)
- Math: (\$390) Language: (\$390) Child Development: (\$390)
- Classroom Leadership: (\$390) Social Studies – Geography and History: (\$180)
- Physical and Life Sciences - Botany, Zoology: (\$180) Observation: (\$180)
- Child Family Involvement: (\$180)

Last Name

First Name

Middle Initial

Preferred First Name

Street Address

City

State

Zip

Day Time Phone

Cell Phone

Active Email Address

EMPLOYMENT HISTORY:

(If not currently employed or have no previous employer, write N/A)

Present Employer

Position

From

To

Previous Employer

Position

From

To

TEACHING EXPERIENCE:

(If no previous teaching experience, write N/A):

School	Position	From	To
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School	Position	From	To
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EDUCATIONAL BACKGROUND:

(If you did not attend College or Graduate School or have no Montessori Credentials or did not attend workshops, write N/A):

High School	Graduation Date	City,	State
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College	Graduation Date	Major	Degree
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Graduate School	Graduation Date	Major	Degree
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Montessori Credential	Location	Year Completed
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Workshop	Location	Date
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Workshop	Location	Date
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Two sets of *official* transcripts from your highest degree granting College must be sent to:
Aurelia Florendo – Academic Director
4511 Peralta Blvd., Fremont, CA 94536

REFERENCES:

Please list 3 non-related people as references.

Name	Position/Title	Connection	Phone number
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Name	Position/Title	Connection	Phone number
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Name	Position/Title	Connection	Phone number
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Please contact these references and have each send a letter of reference to
Aurelia Florendo – Academic Director
4511 Peralta Blvd., Fremont, CA 94536

- Yes** **No** I verify, that to my knowledge, I meet all federal, state, and local employment guidelines / requirements, including but not limited to fingerprinting, background check, medical clearance, etc.
- Yes** **No** I grant permission for photos and / or video of me taken during training at East Bay Montessori Training to be used for educational purposes and / or in its literature, including, but not limited to; brochures, flyers, website, etc.

List anything you would like us to know about your learning style that would permit us to better assist you during the course. _____

PRACTICUM PHASE:

Have you made arrangements for a Practicum Site? **Yes** **No**

Practicum School Name _____

_____ Self-Directed
(No trained Montessorian in class)

_____ Supervised _____
(Name of supervising teacher -trained Montessorian)

I am choosing

_____ 1-Year Practicum
(Begins Aug./Sept. 2018 & ends June 2019)

_____ 1.5 Year Practicum
(Begins Aug./Sept. 2017 & ends Dec. 2018)

Practicum School's Street Address _____ City _____ State _____ Zip _____

Phone # _____

School Affiliation (AMS, AML, Other) _____

If you do not have a practicum site, do you need assistance in finding one? _____

PREVIOUS MONTESSORI TRAINING

If you have completed Montessori course components at another Montessori Teacher Education Center, please list the name of the course(s) on the lines below and attach a transcript / grade sheet to this application if not, write N/A.

Applicant's Signature: _____ Date _____

Please return this application along with a \$100.00 non-refundable application fee as soon as possible to: Aurelia Florendo – Academic Director, East Bay Montessori Training, 4511 Peralta Blvd., Fremont, CA 94536 or Email: aurelia@eastbaymt.com or Fax: (510) 279-5938

*East Bay Montessori Training (EBMT)
Admits students without regard to race, religion, sex, age, national, or ethnic origin.*