



## Bridging Program – Early Childhood Education/Montessori

Date of Application: \_\_\_\_\_

NAME: \_\_\_\_\_  
Family First Middle

ADDRESS: \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City Province Postal Code Country

PHONE: \_\_\_\_\_  
Home Business Phone Cell Phone

EMAIL: \_\_\_\_\_

### 1. Education

AMI Training Centre attended: \_\_\_\_\_

Diploma Granted: \_\_\_\_\_ Diploma Number: \_\_\_\_\_

Director of Training: \_\_\_\_\_ Dates attended: \_\_\_\_\_

*A photocopy (or scan) of the AMI diploma must be provided.*

### Other Education

University or Community College: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Degree or Diploma Granted: \_\_\_\_\_

### 2. Status in Canada

Canadian Citizen: \_\_\_\_\_ OR Visitor Visa: \_\_\_\_\_

Permanent Resident: \_\_\_\_\_ OR Country of Citizenship: \_\_\_\_\_



### 3. Montessori Work Experience

Please provide the name, complete address, phone number, email address and name of the principal or owner of the last two Montessori schools where you have worked.

**A.** \_\_\_\_\_  
School Name

\_\_\_\_\_

Address

\_\_\_\_\_

City Province/State Postal/Zip Code

\_\_\_\_\_

Phone Fax

\_\_\_\_\_

Email

\_\_\_\_\_

Owner or Principal

**B.** \_\_\_\_\_  
School Name

\_\_\_\_\_

Address

\_\_\_\_\_

City Province/State Postal/Zip Code

\_\_\_\_\_

Phone Fax

\_\_\_\_\_

Email

\_\_\_\_\_

Owner or Principal

### 4. Fees

**A.** Application Fee: \$200.00 Non-refundable

**B.** Tuition Fee: \$950.00

Please make cheque or money order payable to the Montessori Training Centre of British Columbia. We also accept interac e-transfer.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant