

AMI Primary Refresher Course Registration

Dates: February 2 and 3, 2018 Times: 8:00 to 5:00pm

Name:				
Address:				
City:	Province:		Postal Code:	
Home Phone:		Cell Phone: _		
Email Address:				
School Name:				
International student:	□ yes; country:			□ no
	AMI Primary	Educational H	istory	
Name on Diploma:				
Training Centre:				
Year of Graduation:	Diplo	ma Number: _		
	Meal Preference (p	lease check al	I that apply)	
□ Coffee	□ Tea			
□ Vegetarian	☐ Gluten free		Grain Free	□ Dairy Free
Allergies/food sensitivitie	es:			
	Re	egistration		
	ation Form Contract. This will be er ill it out and email it back to	nailed to you aft	ter your registration for	m and fee have been
	Registration Fe	es in Canadian	Dollars	
Early Registration Fee, on Registration Fee, on or after		017:		\$ 360 \$ 380
Please note the method of □ cheque □ cash	payment; (cheques payab	le to the Montes	•	,
Sponsorship: please note t	he contact person and/or t	he school		
Sign:		Date:		

Montessori Training Centre of BC

"Follow the Child..."