



Montessori Assistants to Infancy Diploma Course 0-3

Name: _____
Family (as it appears on your passport) First Middle

Address: _____
Number Street

City Province Postal Code Country

Contact: (____) _____ (____) _____
Home Business or Cell Phone Email

Status in Canada: Canadian Citizen: _____ Permanent Resident: _____

Country of Citizenship: _____ Type of Permit: _____

Education .

High School: _____ Year: _____ Level: _____

ECE Diploma: _____ Year: _____ Level: _____

College/University: _____ Year: _____ Level: _____

Montessori Education: _____ Year: _____ Level: _____

Resume: Please include a current Resume (Curriculum vitae).

Health Certificate: Please use the form provided by the MTCBC. The form must be signed and stamped by a Physician to certify that the applicant is in good health.

Statement of Purpose: The Applicant is asked to respond in handwriting to the following:

- a) How did you become interested in Montessori Education?
- b) What are your goals in taking this Assistants to Infancy Training Course at MTCBC?
- c) Please describe your experiences with children.

References: Three signed reference letters sent directly to the MTCBC by mail or email. Referees should be an instructor, an employer and a family friend.

Completed Form: Please send all signed and completed documents to the MTCBC or by email: atoi@mtcbc-ami.org. The Application Fee must be paid at this time.

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application:

Signature of Applicant Printed Name Date

“Follow the Child...”