



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.

Application Fee: Please submit by cheque or money order with the application form or send by interac e-transfer or wire transfer.

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...