



# APPLICATION

## Early Childhood Certification Program: Ages 2½ – 6

### INSTRUCTIONS

Complete all pages and submit them with your essay and letters of recommendation (see Application Checklist for essay and recommendations).

Your application may be submitted by email, fax, or regular mail. To mail the application send to:

Age of Montessori  
301 Evergreen Drive, Suite 100  
Bozeman, MT 59715

You may also scan and email this application to:

[admissions@ageofmontessori.com](mailto:admissions@ageofmontessori.com)

To check the status of your application contact the email above or call our offices Monday to Friday 9 a.m. to 5 p.m. MST at:

Telephone: (406) 284-2160  
Fax: (406) 284-2163

Email: [admissions@ageofmontessori.com](mailto:admissions@ageofmontessori.com)



Age of Montessori holds accredited status for its Early Childhood teacher education certification course from the Montessori Accreditation Council for Teacher Education (MACTE) through the year 2019.  
[www.macte.org](http://www.macte.org)

Age of Montessori admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.



## EARLY CHILDHOOD CERTIFICATION PROGRAM DESCRIPTION

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### THE AGE OF MONTESSORI IS HERE!

Welcome to authentic training in the real Montessori method taught in the legacy of Maria Montessori.

- Estimated time commitment of 10-15 hours per week
- Full certification requires a bachelor's degree; associate certification requires a high school diploma. Full certification students will be awarded a Montessori Early Childhood Teaching Certificate to teach children from the ages of 2½-6. Associate certification students will receive a Montessori Early Childhood Associate Teaching Certificate, which also may permit them to teach in some Montessori schools.

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### 4 STEPS TO EARLY CHILDHOOD TEACHER CERTIFICATION

#### STEP 1 – ONLINE STUDY

Eight months of online study of the philosophy and psychology that is the heart of the Montessori Method. Topics include:

- Getting To Know Your Prepared Online Environment
- Introduction to Montessori Early Childhood Teacher Education
- Preparation of the Teacher, Part 1: Personal Reflection
- Maria Montessori – a Short Biography
- Human Tendencies, Sensitive Periods and the Brain
- History of Methods – Montessori and Major Early Childhood Theorists
- Stages of Development
- Prepared Environment
- Liberty and Discipline
- Movement, Mental Assimilation and the Work of the Child
- Normalization through Work
- Preparation of the Teacher, Part 2: Spiritual Preparation
- Peace Education
- The four avenues of learning for the early childhood years (2½ - 6):
  - Practical Life
  - Sensorial Development
  - Development of Language
  - Early Preparation of the Mathematical Mind
- The beautiful learning materials Maria Montessori designed for the children's use.

Students read assigned texts and online content, study videos, write papers and regularly share their thoughts in online discussion forums with classmates and instructors.

#### STEP 2 – RESIDENCY

One hundred and twenty (120) hours of in-class residency for presentations in the four major avenues and hands-on practice with all the materials. (Students responsible for paying their own travel, room and board.) Residency is offered either in Bozeman, Montana or Nashville, Tennessee.

### **STEP 3 – INTERNSHIP**

Students are responsible to find a Montessori school in their area that may be suitable for their Internships. The Course Director will provide a letter of introduction to the school selected along with a list of requirements to determine if the school is qualified to receive the student as an intern.

These requirements include a classroom that has:

- a certified Montessori teacher with at least one full year of teaching experience;
- a full complement of Montessori materials;
- an enrollment of no fewer than 10-12 children;
- a daily Montessori work cycle of 2-3 hours.

Internship year includes:

1. Nine months of on-the-job training in a fully equipped Montessori school
2. Three visits from Age of Montessori field personnel
3. A series of phone and Skype meetings with our staff and fellow Interns
4. Completion of written assignments; material making; documentation of lessons presented to individual children and small groups; conducting whole-class activities; participation in all aspects of daily classroom life

(Self-directed Internships may be approved at discretion of Program Director. Call Registrar for details.)

### **STEP 4 – FINAL PRACTICAL EXAM AND CERTIFICATION**

- Completion of all academic requirements
- Final Practical Exam – in person or via Skype
- Tuition & fees paid in full

Certification students have up to four years to complete all requirements. Students must begin the Internship within two years of the end of the in-class Residency.



## EARLY CHILDHOOD CERTIFICATION APPLICATION CHECKLIST

11/17

- 1. **\$100 Application Fee** (non-refundable)
- 2. **Photo:** Headshot.
- 3. **Application.**
- 4. **Essay:** Explain in at least 300 words why you desire training in Montessori education. Your essay must be written in English and typed in 12-point font on letter-sized paper. Attach this essay to your Application.
- 5. **Technology and Computer Literacy Requirements:** Complete, sign and attach this form (page 7) to your Application.
- 6. **Tuition Contract:** Complete and sign (page 9).
- 7. **Internship Coordinator:** After we have received your application and before your application is approved you will need to talk to our Internship Coordinator to discuss your plans for completing the nine-month student teaching requirement. After submitting your application, please contact Randall Klein at [rklein@ageofmontessori.com](mailto:rklein@ageofmontessori.com) to schedule a phone conversation.
- 8. **Two Letters of Recommendation:** From two previous or current employers, or teachers with whom you have worked. Recommenders should use the enclosed recommendation form. They must complete and mail it to the address on the form.
- 9. **Transcripts:** An official transcript of your highest college degree (bachelor's or above) must be sent to Age of Montessori. If you have not attended college, please submit a copy of your high school transcript and diploma.

Please complete the appropriate items and send them to:

1. **BY MAIL:**

Registrar  
Age of Montessori  
301 Evergreen Drive, Suite 100  
Bozeman, Montana 59715

2. **BY FAX:** (406) 284-2163

3. **BY EMAIL:** [admissions@ageofmontessori.com](mailto:admissions@ageofmontessori.com)



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## WORK EXPERIENCE RELEVANT TO CHILD EDUCATION/DEVELOPMENT

Please list your work experience for the last seven years, especially work that is relevant to the child/education and development. (List your most recent experience first.) Attach an additional page if necessary.

EMPLOYER	ADDRESS	DATES EMPLOYED	JOB TITLE / DUTIES

Please describe any other experience you have working with children.

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Please describe your previous experience with Montessori education. Include experience in Montessori classrooms, workshops, training or your personal reading.

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## INTERNSHIP INFORMATION

If you have already made arrangements for your Internship site, please provide the following information:

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State (or Country) \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Office Fax Number \_\_\_\_\_

Name of School Director \_\_\_\_\_ Email \_\_\_\_\_

Name of Supervising Teacher \_\_\_\_\_

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## APPLICANT AGREEMENT

I, \_\_\_\_\_ [print full name], affirm that all of the information contained in this application is correct and accurate. I understand that intentionally providing false information may constitute fraud, and can result in forfeiture of any monies or tuition paid, as well as revocation of an awarded Montessori certificate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## TECHNOLOGY REQUIREMENTS

### A Windows, Macintosh or Linux Computer with:

- Sound card/speakers
- Video/graphics card
- High speed Internet access (768Kb/second or faster; if you are using a dial-up connection or equivalent, the course quality may be less than optimal)
- Word Processing Program
- Email access
- Current anti-virus software (such as AVG, McAfee or Norton)
- Skype

**Browser Requirements:** Firefox 3 or higher is highly recommended and preferred; however, Internet Explorer 8 or higher is another alternative. Other browsers may be used, but may not support all functionalities in our learning platform. We recommend that you remain updated with the latest versions of web browser software. All browsers should have Cookies, Java, and Pop-ups enabled (i.e., do not block Pop-ups).

**Additional Software:** The following additional software is required and can be obtained from the websites listed below:

- Adobe Acrobat Reader (<http://get.adobe.com/reader/>)
- Flash Player (<http://www.adobe.com/products/flashplayer/>)

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## COMPUTER LITERACY REQUIREMENTS

Verify that you are able to do each of the following:

- Connect to the Web using a browser
- Navigate the Internet
- Send and receive emails using the e-mail system of your choice
- Do basic word processing, including cutting and pasting
- Open, save and manage files
- Use basic Windows or Macintosh features (open and close programs, scroll up and down)
- Watch online videos and listen to online audios
- Use Skype

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## APPLICANT AGREEMENT

I am responsible for meeting the Technology and Computer Literacy Requirements listed above. Absence of the required technology and skills can negatively impact my ability to complete the course.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**TUITION CONTRACT  
EARLY CHILDHOOD CERTIFICATON**

11/17

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**PARTY RESPONSIBLE FOR PAYMENTS (SELECT ONE)**

Applicant

Sponsoring school

School Name \_\_\_\_\_

School Head / Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Other

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to student \_\_\_\_\_

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**PAYMENT PLAN AND METHOD**

Application Fee (non-refundable)	\$ 100
Tuition:	\$ 7,100
Fees:	\$ 720
Total:	\$ 7,920

Please circle **PLAN A** *or* **B** below:

**PLAN A: Application Fee \$100** (non-refundable)

**One payment of \$7,465**

(includes 5% discount of \$355 from Tuition of \$7,100 = \$6,745)

\$ 720 Professional Fees

**PLAN B: Application Fee \$100** (non-refundable)

**16 monthly payments of \$406**

\$ 1,300 down payment upon acceptance

\$ 300 one-time installment service fee

\$ 406 monthly for 16 months

(Age of Montessori reserves the right to change our Tuition & Fees)

A \$25 fee is assessed for late payments. Age of Montessori does not charge interest.

Travel, room and board during the onsite Residency varies and is the responsibility of the student. Every effort will be made to assist students to find housing for minimal rates.



In addition to base tuition and fees, students may be assessed internship fees based on geographic proximity to Age of Montessori field representatives. Your base tuition covers cost of the 1st and 3rd field visit provided you live within a 300-mile radius of one of our field representatives. (The second visit in most cases will be via SKYPE.) If your internship school will be outside of this radius, please discuss potential additional travel fees with our Registrar upon application.

Internships, both supervised and self-directed, require a minimum of two in-person visits.

### **PAYMENT INFORMATION**

- A non-refundable application fee of \$100 is due with the Application.
- Payment of full tuition (minus Professional Fees) entitles the student to a 5% discount.
- Multiple payment options are available. (See tuition contract for details.)
- All funds must be rendered in U.S. currency. Foreign bank drafts, including those from Canada, must account for currency differences.
- A \$75 late fee will be applied after course start date.

### **REFUND POLICY**

- Prior to the start of the course, upon written request, a full tuition refund less a \$25 handling fee within two weeks.
- A refund of tuition will be made for withdrawals or dismissals during the first six weeks of classes (see Course Refund Schedule below).
- Withdrawals or dismissals after the first six weeks of classes will not receive a tuition refund.
- If unforeseen circumstances require a student to postpone or cancel the Online Study, Residency or Internship, those fees may be held until a later date when the student is able to attend, or a refund will be given.

## **COURSE REFUND SCHEDULE**

The following schedule applies for all refunds:

<b>TIME OF WITHDRAWAL OR DISMISSAL</b>	<b>PERCENTAGE OF REFUND DISMISSAL</b>
During the first week of class	95%
During the second week of class	75%
During the third week of class	65%
During the fourth, fifth and sixth week of class	40%

*(continued)*

## CREDIT CARD INFORMATION

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code (Visa and MasterCard 3-digits found on back of credit card; American Express 4 digits found on front of card): \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Street Address

City

State (or Country)

Zip/Postal Code

Phone Number \_\_\_\_\_

(Please list a phone number where you can be reached to answer questions and/or confirm payment processing.)

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

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## APPLICANT AGREEMENT

The information given on this Tuition Contract is correct to the best of my understanding. I understand that if I am accepted into the program, I am responsible for the full tuition and agree that payments will be made in a timely manner. I understand that an unpaid balance may result in termination of enrollment, and/or may delay certification upon completion of course requirements.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Head of School from sponsoring school (if applicable):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Other person responsible for tuition payments (if applicable):

Signature \_\_\_\_\_ Date \_\_\_\_\_



## RECOMMENDATION FORM EARLY CHILDHOOD CERTIFICATION

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### APPLICANT INSTRUCTIONS

1. Two Recommendations are required. Use these two forms.
2. Write your name and email address in the blank at the bottom of each page.
3. Complete Applicant Agreement section below on both copies.
4. Give Recommender one copy to complete. Repeat process for second Recommender.
5. Recommenders mail, scan or fax completed forms to:

Registrar  
Age of Montessori  
301 Evergreen Drive, Suite 100  
Bozeman, Montana 59715  
admissions@ageofmontessori.com

6. Sign below. Please note that by signing, you waive your rights under the Family Education Rights and Privacy Act of 1974 to inspect this document.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: This form may be emailed or photocopied.*

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### APPLICANT AGREEMENT (TO BE COMPLETED BY APPLICANT)

Applicant Name \_\_\_\_\_

Recommender Name \_\_\_\_\_ Title \_\_\_\_\_

Recommender Institution/Organization \_\_\_\_\_

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### RECOMMENDER INFORMATION (TO BE COMPLETED BY RECOMMENDER)

Recommender Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State (or Country)

Zip/Postal Code

Institution/Organization \_\_\_\_\_ Title \_\_\_\_\_

Applicant Name \_\_\_\_\_

Contact Information \_\_\_\_\_

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## RECOMMENDER (TO BE COMPLETED BY RECOMMENDER)

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. How would you compare the applicant to other individuals you have known in the same capacity? (circle one)

POOR	FAIR	AVERAGE	EXCELLENT	OUTSTANDING
1	2	3	4	5

4. How well do you think the applicant will perform in the Age of Montessori certification program? (Circle one or write "unsure" if unfamiliar with the program requirements.)

POOR	FAIR	AVERAGE	EXCELLENT	OUTSTANDING
1	2	3	4	5

5. Please rate the applicant on each of the characteristics below using the following scale:

0 = Unable to Judge   1 = Poor   2 = Fair   3 = Average   4 = Excellent   5 = Outstanding

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| ___ Academic performance         | ___ Ability to do independent work  |
| ___ Dependability/responsibility | ___ Ability to work with others     |
| ___ Intellectual capacity        | ___ Problem solving                 |
| ___ Motivation for program       | ___ Spoken English language skills  |
| ___ Maturity                     | ___ Written English language skills |

6. Please note any concerns about the candidate's language skills here. (Please note that all instruction in the Age of Montessori program will be given in English.)

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7. Please use this space or attached sheets to make additional comments or recommendations regarding the applicant. Please be specific about the individual's strengths and weaknesses.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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## RECOMMENDER INSTRUCTIONS

Please send this completed form to:

Registrar  
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301 Evergreen Drive, Suite 100  
Bozeman, MT 59715  
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Applicant Name _____
Contact Information _____

Age of Montessori   301 Evergreen Drive, Suite 100, Bozeman, Montana 59715   Telephone: (406) 284-2160 / Fax: (406) 284-2163   Email: [admissions@ageofmontessori.com](mailto:admissions@ageofmontessori.com)

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November 10, 2017 Rev. 2



## RECOMMENDATION FORM EARLY CHILDHOOD CERTIFICATION

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Applicant Name \_\_\_\_\_

Recommender Name \_\_\_\_\_ Title \_\_\_\_\_

Recommender Institution/Organization \_\_\_\_\_

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Recommender Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State (or Country)

Zip/Postal Code

Institution/Organization \_\_\_\_\_ Title \_\_\_\_\_

Applicant Name \_\_\_\_\_

Contact Information \_\_\_\_\_

**RECOMMENDER (TO BE COMPLETED BY RECOMMENDER)**

- 1. How long have you known the applicant? \_\_\_\_\_
- 2. In what capacity have you known the applicant? \_\_\_\_\_
- 3. How would you compare the applicant to other individuals you have known in the same capacity? (circle one)

POOR FAIR AVERAGE EXCELLENT OUTSTANDING  
1 2 3 4 5

- 4. How well do you think the applicant will perform in the Age of Montessori certification program? (Circle one or write "unsure" if unfamiliar with the program requirements.)

POOR FAIR AVERAGE EXCELLENT OUTSTANDING  
1 2 3 4 5

- 5. Please rate the applicant on each of the characteristics below using the following scale:

0 = Unable to Judge 1 = Poor 2 = Fair 3 = Average 4 = Excellent 5 = Outstanding

- \_\_\_ Academic performance \_\_\_ Ability to do independent work
- \_\_\_ Dependability/responsibility \_\_\_ Ability to work with others
- \_\_\_ Intellectual capacity \_\_\_ Problem solving
- \_\_\_ Motivation for program \_\_\_ Spoken English language skills
- \_\_\_ Maturity \_\_\_ Written English language skills

- 6. Please note any concerns about the candidate's language skills here. (Please note that all instruction in the Age of Montessori program will be given in English.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 7. Please use this space or attached sheets to make additional comments or recommendations regarding the applicant. Please be specific about the individual's strengths and weaknesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDER INSTRUCTIONS**

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Registrar  
Age of Montessori  
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Bozeman, MT 59715  
admissions@ageofmontessori.com

Applicant Name \_\_\_\_\_  
Contact Information \_\_\_\_\_