APPLICATION FOR ADMISSION

REQUIREMENTS

EARLY CHILDHOOD CERTIFICATION (ages 2½–6):

- Full Certification requires a bachelor’s degree. Graduates are awarded a Montessori Early Childhood Teaching Certificate.
- Associate Certification requires a high school diploma. Graduates are awarded a Montessori Early Childhood Associate Teaching Certificate.

ELEMENTARY CERTIFICATION I (ages 6–9):

- Certification requires:
  - A bachelor’s degree
  - MACTE-accredited Early Childhood Certificate, OR an Age of Montessori Elementary Prerequisite course certificate.

4 Steps To Certification:

1. 8 months online study
2. In-person Summer Residency (locations/dates at www.ageofmontessori.org)
   - Early Childhood: 2 ½ weeks
   - Elementary I: 4 weeks
3. 9 months student reaching (Internship/Practicum) at a Montessori school local to you
4. Final Practical Exam

SCAN/EMAIL/FAX APPLICATION TO: admissions@ageofmontessori.org

MAIL APPLICATION TO: Admissions
                      Age of Montessori
                      301 Evergreen Drive, Suite 100
                      Bozeman, Montana 59715

QUESTIONS? Call (406) 284-2160

Age of Montessori does not discriminate on the basis of age, race, gender, religion, sexual orientation, or nationality

Age of Montessori holds accredited status for its Early Childhood Montessori teacher education certification course level from the Montessori Accreditation Council for Teacher Education (MACTE) through the year 2019.
Age of Montessori holds accredited status for its Elementary I-II teacher education certification course level from the Montessori Accreditation Council for Teacher Education (MACTE) through the year 2023.
APPLICATION FOR ADMISSION

Start Date of your chosen course: ________________

Check the boxes of your chosen course:

<table>
<thead>
<tr>
<th>Course</th>
<th>Full Certificate</th>
<th>Associate Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood (Primary)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Elementary 1</td>
<td>☐</td>
<td>☐ Yes, I need 6-wk Prerequisite course</td>
</tr>
</tbody>
</table>

PERSONAL INFORMATION

Applicant (Full legal name) ________________________________________________________________

Preferred Name_________________________ Maiden Name ________________________________

Race: _____African-American_____Caucasian_____Hispanic______Other______Unknown

Gender:_____Male ____Female ____Choose not to answer

Date of Birth__/_____/_______ Social Security # _____________________________

(month) (day) (year) (U.S. citizens only)

Have you ever been convicted of a felony or misdemeanor? ________________________________

HOME

Street Address ________________________________________________________________

City ___________________________ State/Province ________________________________

Zip/Postal Code ________________ Country _________________________________________

Home Phone ______________________ Work Phone ________________________________

Cell Phone ______________________ E-mail ________________________________________
EDUCATION

<table>
<thead>
<tr>
<th>College/School/ Training Program</th>
<th>Location</th>
<th>Years Attended</th>
<th>Decree / Major / Certification</th>
</tr>
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</table>

WORK EXPERIENCE

List your work experience for the past five years, especially relevant work with children / education, most recent experience first. Attach pages if necessary.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Work Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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</table>

Describe any other experience working with children, especially Montessori related.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How did you hear about our training program and why are you choosing it?

________________________________________________________________________

INTERNSHIP / PRACTICUM

Complete this section if you have already established an internship/practicum site. (Send later if site has not yet been determined.)

School __________________________________________________________________________

School Director ____________________________________________________________________

School Director Email __________________________________________________________________

Street Address ____________________________ City ____________________________

State/Province ________ Zip/Postal Code ________ Country ____________________________

Office Phone ____________________________ Office FAX ____________________________
ESSAY AND FACE PHOTO
Write at least 300 words in English why you desire training in Montessori education. Use 12-point font on letter-sized paper. Submit the essay with your name on it with this application. Please also submit a simple face photo.

REFERENCES
The AoM Reference form is included here on pg. 8. Copy and complete form, send to two (2) non-relatives to also complete, return to AoM office.

TUITION CONTRACT
Tuition Contract is on the following three pages in this package. Complete and sign the Contract and return to AoM Admissions office.

TRANSCRIPTS
An official transcript (not a copy) of your highest college degree must be sent to Age of Montessori. If you have not attended college, submit an official high school transcript.

TECHNOLOGY REQUIREMENTS
Windows, Macintosh or Linux Computer with high speed internet access, email, word processing, videoconferencing software (Zoom), video camera, current anti-virus software (such as AVG, McAfee or Norton); additional software, obtained free from:
Adobe Acrobat Reader:
http://get.adobe.com/reader/

COMPUTER ABILITIES REQUIRED
• connect to and navigate around the Internet using a browser
• send, receive, and add attachments to emails
• basic word processing
• open, save and manage files
• watch videos
• use video conferencing software (Zoom)

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 tuitions paid, as well as revocation of an awarded Montessori Affiliate certificate.

Signature ________________________________ Date __________________________
# Tuition Contract 2020

**Early Childhood Certification**

**Online, Residency, and Internship:**

Tuition Pricing:

Tuition $7,100 + Fees $765 = $7,865

**Check Your Payment Plan:**

**Plan A**

One Payment: $7,865

**Plan B**

Down Payment: $1,700

One-time Plan setup fee: + 300

**Total Due When Accepted:** $2,000 + $411 monthly for 15 months

(charged on your account on the 15th of each month unless alternate date chosen at the start)

**Elementary 1 Certification**

**Online, Residency, and Internship:**

Tuition Pricing:

Tuition $7,200 + Fees $755 = $7,955

**Check Your Payment Plan:**

**Plan A**

One Payment: $7,955

**Plan B**

Down Payment: $1,700

One-time Plan setup fee: + 300

**Total Due When Accepted:** $2,000 + $417 monthly for 15 months

(charged on your account on the 15th of each month unless alternate date chosen at the start)

**Note:** $100 non-refundable application fee due with application.

**Elementary 2 Certification**

If completed EL 1 with Age of Montessori: **Tuition, $2,865** [Includes summer Residency tuition, EL2 Lessons Manuals]

Open to students with other Lower EL certification: **Tuition, $4,145** [Includes summer Residency tuition, EL2 Lessons Manuals, and Audit of AoM EL1/2 online Academic Course]

## Who is Paying?

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>__________________________</th>
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<tbody>
<tr>
<td>AND/OR</td>
<td>__________________________</td>
</tr>
<tr>
<td>Sponsoring school’s name:</td>
<td>__________________________</td>
</tr>
<tr>
<td>School Head/Contact name:</td>
<td>__________________________</td>
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<tr>
<td>Phone:</td>
<td>__________________________</td>
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<tr>
<td>AND/OR</td>
<td>__________________________</td>
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<tr>
<td>Other (Sponsor) Name:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>__________________________</td>
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<tr>
<td>Phone:</td>
<td>__________________________</td>
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</tbody>
</table>

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Appl. Pkg Rev.2019.12.20  
5
Terms of TUITION CONTRACT

Both student and parties responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the Admission Office accompanied by the non-refundable Application Fee of $100, which may be done by email with a credit/debit card. A student is accepted for enrollment when the Contract has been delivered to AoM and the student has been interviewed and notified of acceptance. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of Age of Montessori (AoM) Executive Director or Board of Directors. The undersigned agrees to pay the required Tuition for the full curriculum and any additional fees incurred and agrees to be bound by the provisions of this Contract.

Tuition are subject to change without notice. Use of an older Tuition Contract form does not mean older tuitions apply; current tuitions apply in all cases.

AoM is a MACTE-certified organization. All graduates within the U.S. receive MACTE-certified diplomas for certification trainings making the graduate eligible to teach in any Montessori school. International graduates outside the U.S. receive Affiliate Diplomas making them eligible to teach in Montessori schools internationally.

I Understand the Following:

1. As an AoM student, I am choosing to complete the college level course content in the curriculum specified in my application.

2. I understand the courses offered to me are part of a pre-defined scope and sequence of the curriculum I desire from AoM and resulting to a diploma in ________________________________ when all requirements are met. I understand that the curriculum content is prescribed in my AoM program. I also understand that I must meet all pre-requisites and other eligibility requirements prior to enrolling in the courses.

3. As a student of AoM, I am subject to the AoM policies and procedures regarding performance, work, academic standing, etc. contained within the Student Handbook. By entering into this contract I agree to comply with the AoM policies, practices, and procedures therein. The Student Handbook includes practices and procedures governing my performance, preparations, payment of fees and other pertinent conduct.

4. It is my responsibility to see that tuition fees and other charges are being paid when they are due. I understand that I am responsible for any non-payment even if fees are being paid by a third party. I agree to pay fees in U.S. currency. International bank drafts must account for currency differences. A late registration fee of $75 shall be applied to the non-refundable application fee as of the course start date.

5. Options for paying TUITION include: Payment in full at the time of enrollment or a prearranged payment plan as listed above with the specified curriculum. Additional payment schedules may be requested and implemented when approved. If a payment plan method is selected, these terms apply for the duration of the plan:
   a) There is a $25 fee added to balance for each and every declined, missed or late payment.
   b) There is a $100 fee for each modification of the Payment Plan once it is established.
   c) Delays in attendance, hiatus or leave of absence do not affect the ongoing nature of payment plans; all payments are required to be made per the agreed upon plan until tuition is paid in full, including late fees. A leave of absence for any reason does not terminate or otherwise postpone tuition payments. The sequence of payments must be made as contracted, or the full balance is due and payable.
d) If direct deposit is the payment method (ACH), I agree to set up an automatic monthly date to be direct-deposited to AoM on the same day each and every month until tuition and fees are paid in full.

e) Age of Montessori does not charge interest for payment plans; however, there is a $300 setup fee for such a plan. Said fee is added to the required tuition down payment.

f) See Refund Policy and Schedule in the Student Handbook and reprinted below. I agree to the refund policy referred to in this document.

I stipulate here my preference for payment: _________________________________.

6. In the case of a third party school paying the tuition and fees, I understand that an unpaid balance may result in temporary or permanent termination of enrollment, and/or delay certification upon completion of course requirements. Diplomas are withheld until tuition is paid in full. In the case of Tuition born by a Sponsoring School, diplomas shall be delivered only to the school to be distributed to me according to our internal/private terms of employment. The school sponsoring my tuition contract through partial or total payment shall be entitled to and receive direct from Age of Montessori my student progress reports, gpa, and milestones toward completion.

7. During the period of the in-person Residency in the case of certification curriculum, travel, lodging and meals are my responsibility. In some venues AoM arranges for area college dorm space that Students may choose to rent independent of AoM. Customer Service can determine prior to the period of the Residency if dormitory space will be available and necessary contact information.

8. If withdrawing before the start of the course, AoM must receive written request within three days of signing this contract. All tuition paid less a $50 handling fee will be refunded. After the class start date, refund is made according to the refund schedule below and in the Handbook. Withdrawals or dismissals after the first six weeks of classes will not receive a tuition refund. I agree that I am responsible for my tuition balance until paid in full regardless of status, performance, completion, and so forth. If I withdraw and payment of fees and tuitions made, I may request admission to a subsequent class start to resume study.

9. This contract is governed by the laws of the State of Montana. All disputes

**COURSE REFUND SCHEDULE:**

A refund of tuition can be made for withdrawals or dismissals after class start only during the first six weeks of class. After six weeks there is no refund or forgiveness of tuition. The following schedule applies for a course withdrawal regardless of reason:

<table>
<thead>
<tr>
<th>Week</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st week</td>
<td>90%</td>
</tr>
<tr>
<td>2nd week</td>
<td>75%</td>
</tr>
<tr>
<td>3rd week</td>
<td>60%</td>
</tr>
<tr>
<td>4th, 5th, 6th week</td>
<td>30%</td>
</tr>
</tbody>
</table>
CREDIT CARD Payment Information

Number ___________________________ Exp. date_______ 3-digit security code_______

Name on card __________________________

Billing address __________________________ Zip/Postal/Code __________________________

Phone____________________________ Card Holder signature __________________________

Email ______________________________

By signing below, I agree that:

The information given in this application and tuition agreement form is correct. I understand that if I am accepted in the program I am jointly responsible for the payment and agree that payments will be made in the agreed upon manner. I agree to the refund policy in this document. I understand that an unpaid balance may result in termination of enrollment, and/or delay of certification and completion of course requirements. I shall receive my Diploma after completion of course work and all balances due are paid.

Applicant Signature________________________ Date ______________________

Head of School from Sponsoring School (if applicable)

Signature____________________________ Date____________________

Other person responsible for tuition payments (if applicable)

Signature____________________________ Date____________________
REFERENCE FORM

INSTRUCTIONS:
Make a copy of this form. Complete Section A on both copies. Give one copy to two (2) separate persons to complete for their recommendation.

Mail to: Age of Montessori or scan & email to: admissions@ageofmontessori.com
301 Evergreen Dr., #100
Bozeman, MT 59715

SECTION A — To be completed by Applicant:
Applicant name: ________________________________________________________________
Applicant email: ________________________________________________________________
Course applying for: ______________________________________________________________
Applicant’s signature: __________________________ Date: ____________________________
(by signing, you waive your rights under the Family Education Rights and Privacy Act of 1974 to inspect this document)

SECTION B - To be completed by Recommender:
Recommender name: ____________________________________________________________
Address: ____________________________________________________________
Recommender email: __________________________ Phone: __________________________
Title & Institution/Organization: ________________________________________________

1. How long have you known applicant? __________________________________________

2. In what capacity? ___________________________________________________________

3. Use this scale to rate applicant: 5 = Outstanding, 4 = Excellent, 3 = Good, 2 = Fair, 1 = Poor:
   Academics _____ Dependability _____ Motivation _____ Maturity _____
   Ability to: do independent work _____ work w/others _____ problem solve _____
   Spoken English skills _____ Written English skills _____

4. Any concerns regarding applicant’s language skills? (course is in English) __________

5. Additional comments? Please be specific: __________________________________________