



301 Evergreen Drive, Suite 100, Bozeman, Montana 59715  
TEL: (406) 284-2160 FAX: 406-284-2163 EMAIL: [admissions@ageofmontessori.org](mailto:admissions@ageofmontessori.org)

## APPLICATION FOR ADMISSION to AFFILIATE COURSE

### EARLY CHILDHOOD EDUCATION (ages 2½–6):

- AFFILIATE COURSE consists of participation in all the online course units of a scheduled academic course, including all forums, papers, readings, and other assignments necessary for course credit.
  - A Pathway from Affiliate Diploma to Certified Montessori Teacher
- WHAT IT DOES NOT INCLUDE:
  - Access to summer Residencies without required Residency application and additional tuition
  - Access to the Internship Course without required Internship application and additional tuition

### ELEMENTARY I AND II EDUCATION (ages lower EL 6–9, upper EL 9-12):

- AFFILIATE COURSE consists of participation in all online course units of a scheduled academic course, including all forums, papers, readings, and other assignments necessary for course credit.
  - A Pathway from Affiliate Diploma to full or associate Certified Teacher
- WHAT IT DOES NOT INCLUDE:
  - Access to summer Residencies without required Residency application and additional tuition
  - Access to the Internship Course without required internship application and additional tuition
- **ELEMENTARY II:** For students who have EL I certification from a training provider other than AoM, audit of the EL I online academic course is required for EL II certification. Please use EL II Application.

**FORM FILL OR SCAN/EMAIL/FAX Application To:** [admissions@ageofmontessori.org](mailto:admissions@ageofmontessori.org)

**QUESTIONS? Call (406) 284-2160**

**Mailing address: Admissions, Age of Montessori  
301 Evergreen Drive  
Bozeman, Montana 59715**

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

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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.



[[OFFICE USE ONLY]

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION FOR ADMISSION to AFFILIATE COURSE

Chosen Affiliate Course: EC \_\_\_ EL I \_\_\_ Start Date of your chosen course: \_\_\_\_\_

### 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 # \_\_\_\_\_  
(mo.) (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

College/School/ Training Program	Location	Years Attended	Decree / Major / Certification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXPERIENCE**

Please describe your interest and experience with Montessori and reason for enrolling in this educational opportunity. Please include work experience that is applicable to child education or concerns.

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

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What are your expectations for the Affiliate course and why you desire this?

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**FACE PHOTO**

Please submit a simple face photo.

**TUITION CONTRACT IS A PART OF THIS APPLICATION**

Please complete and submit the rest of this document for acceptance as total package.

## 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)

## AFFILIATE TUITION CONTRACT 2020

### Pricing Details

### EARLY CHILDHOOD AFFILIATE TUITION

\$100 non-refundable fee due with Application

Base Tuition.....	\$ 4,000
EC Teacher Manuals set .....	\$ 280*
<b>Total</b>	<b>\$ 4,280</b>

*\*Shipped internationally after course completion. Additional S&H will apply. If continuing into Residency, manuals delivered then.*

### PAYMENT CHOICE:

**One payment:**  
Due at acceptance..... \$4,280

**Two payments:**  
1<sup>st</sup> at time of acceptance..... \$2,140  
2<sup>nd</sup> two months later..... \$2,140

### ELEMENTARY I AFFILIATE TUITION

\$100 non-refundable fee due with Application

Base Tuition .....	\$ 4,104
EC Teacher Manuals set.....	\$ 280*
<b>Total .....</b>	<b>\$ 4,384</b>

If not previously EC certified, prerequisite Foundations Course required:.....\$ 500\*\*

*\*\*Must begin 6 weeks prior to Affil. Course Prerequisite tuition due at enrollment.*

### PAYMENT CHOICE:

**One payment:**  
Due at acceptance .....\$4,384

**Two payments:**  
1<sup>st</sup> at time of acceptance .....\$2,192  
2<sup>nd</sup> two months later.....\$2,192

## 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** \_\_\_\_\_

## WHO IS PAYING?

Applicant's Name: \_\_\_\_\_

OR

Sponsoring school's name: \_\_\_\_\_

School Head/Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

OR

Other (Sponsor) Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 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 Admissions 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 Affiliate curriculum and any additional fees incurred and agrees to be bound by the provisions of this Contract.

Tuitions 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. AoM is responsible for delivering the curriculum as described above in the time frame stipulated. Applicants of this Affiliate Contract receive an Affiliate Certificate for completion of the Online Academic Course as this is an Affiliate-only provision. All completers of this selected course receive the benefit of in-depth knowledge of the Montessori Method, but are not yet qualified to teach in Montessori schools in the US, which under MACTE-accreditation requires full certification having completed the certification courses.

### I Understand the Following:

1. As an AoM student, I am choosing the Affiliate Course the selected curriculum knowing that this is sufficient for teaching outside the US but is incomplete certification for teacher education in a Montessori Environment within the US.

2. I understand the courses offered to me are part of a pre-defined scope and sequence of the curriculum in which I am interested. I select herein the (*check one*) EC ELI online curriculum. 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 as described above prior to enrolling in the course.

3. As a student of AoM, I am subject to the AoM policies and procedures regarding performance, work, academic standing, kindness and respect of staff and students, including materials 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; and this agreement covers costs and payment of fees.

4. It is my responsibility to see that tuition fees and other charges are paid when they are due. I understand that I am responsible for 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 one week prior to a 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. 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) A \$25 fee added to balance for a declined, missed or late payment.
- b) 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 shall 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** date(s) to be direct-deposited to AoM on the stipulated and agreed date(s) until tuition and fees are paid in full.
- e) Age of Montessori does not charge interest for payment plans; however, for a payment plan other than listed above on page 4 there is a \$300 setup fee. Said fee is added to the required tuition down payment.
- f) See Refund Policy and Schedule from the Student Handbook reprinted below. I agree to the refund policy referred to in this document.

**I stipulate here my preference for payment:** (check one) One-Time Payment Two Payments

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. The school sponsoring my tuition contract in part or in whole shall be entitled to and receive direct from Age of Montessori my proof of completion.

7. 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 shall be refunded. After the class start date, refund is made according to the schedule below. Withdrawals 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 have been 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 shall be submitted to arbitration in the State of Montana.

**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:

1 <sup>st</sup> week	90%
2 <sup>nd</sup> week	75%
3 <sup>rd</sup> week	60%
4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> week	30%

## Credit/Debit Card Payment Information

Number \_\_\_\_\_ Exp. date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_ Zip/Postal/Code \_\_\_\_\_

Phone \_\_\_\_\_ Card Holder signature \_\_\_\_\_

Card Holder 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 I am jointly responsible for the payment and agree that payments will be made in the agreed upon manner. I reiterate agreement with the refund policy in this document. I understand that an unpaid balance may result in termination of enrollment, and/or delay completion of course. I shall receive Affiliate Certificate after completion of course work and all balances 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** \_\_\_\_\_

Please indicate below if you are applying for Affiliate for use outside the US or if you plan to continue your enrollment in the remaining curriculum until you have achieved MACTE certification:

<input type="checkbox"/>	<b>I am applying for Affiliate only. No further study planned at this time.</b>
<input type="checkbox"/>	<b>I will be applying for the remainder of certification within the allotted time allowed by MACTE.</b>