



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 AUDIT COURSE

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

- AUDIT OF COURSE consists of observation only of all units in a scheduled online academic course
- WHAT IT DOES NOT INCLUDE:
  - Pathway to EC Certification [Certification pathway requires an Affiliate Diploma followed by other requirements. Refer to the Affiliate Application]
  - Participation in assignments, forums, papers or other such contributions to faculty and classmates
  - Access to summer Residencies for lesson education and practice
  - Access to an internship in the field for hands-on experience and mentoring

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

- AUDIT OF COURSE consists of observation only of all units in a scheduled online academic Elementary course
- WHAT IT DOES NOT INCLUDE:
  - Pathway to EL I Certification [Certification pathway requires an Affiliate Diploma followed by other requirements. Refer to the Affiliate Application]
  - Participation in assignments, forums, papers or other such contributions to faculty and classmates
  - Access to summer Residencies for lesson education and practice
  - Access to an internship in the field for hands-on experience and mentoring
- **ELEMENTARY II**: For students who have EL I certification from a training provider other than AoM, audit of the online academic course is required for EL II cert. Tuition for this type of Audit is included in the EL II tuition. Please refer to ELII 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 AUDIT

Chosen Audit 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 Auditing 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 Audit of this course and why you desire this?

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## **FACE PHOTO**

Please submit a simple face photo.

## **TUITION CONTRACT**

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

## 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

### Pricing Details

*\$100 non-refundable application fee due with application.*

**Tuition:** **\$3,500.00**

**Payment Options:**

1. On-time payment at time of acceptance and prior to enrollment.

2. Two payments three months apart: \$2,000 at time of acceptance and prior to enrollment; \$1,500 on date three months after down payment.

### 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 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 Audit 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. Completers of this Audit Contract do not receive a diploma for completion of the Online Academic Course as this is an Audit-only provision. All completers of this selected course receive the benefit of in-depth knowledge of the Montessori Method, but are not qualified to teach in Montessori schools, which under MACTE-accreditation requires full certification having completed the certification courses in full.

### I Understand the Following:

1. As an AoM student, I am choosing to Audit the selected curriculum knowing that this does not qualify me to teach in a Montessori Environment.
2. I understand the courses offered to me are part of a pre-defined scope and sequence of course in which I am interested. I select herein the (*check one*) EC EL 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 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 proof of attendance 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 \_\_\_\_\_