



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

APPLICATION FOR ADMISSION to EL II UPPER ELEM. CERTIFICATION

ELEMENTARY II EDUCATION (ages Upper EL 9-12): Includes

- EL II SUMMER RESIDENCY OF THREE WEEKS at the location designated
- EL II TEACHING MANUALS
- PREREQUISITES:
 - ✓ ELEMENTARY I CERTIFICATION by AoM or other MACTE provider:
AUDIT of EL I & II online academic course [only required of those with EL I certification from other than AoM]
 - ✓ Proof of EL I certification

YEAR OF YOUR CHOSEN COURSE: July, _____

PREFERRED LOCATION: _____ Bozeman, MT _____ Other: _____

FORM FILL OR SCAN/EMAIL/FAX Application To: admissions@ageofmontessori.org

QUESTIONS? Call (406) 284-2160

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

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.



[OFFICE USE ONLY]

Approved: _____

Date: _____

PERSONAL INFORMATION

Applicant (Full legal name) _____

Preferred Name _____ Maiden Name (if appl.) _____

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

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

EXPERIENCE

Please describe your previous training and experience with Montessori and reason for enrolling in this educational opportunity. Please include work experience that is applicable to child education, etc.

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

FACE PHOTO

Please submit a simple face photo.

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).

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)

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: _____

ELEM. II TUITION Contract 2020

Residency location to be determined annually based upon enrollments. Potential locations include Bozeman, Montana, Memphis, Tennessee, other.

Age of Montessori EL I graduates:

Base Tuition.....\$ 2,585
EL II Teacher Manuals set.....\$ 280
Total.....\$ 2,865

Payment in full at time of enrollment

Other MACTE-accredited EL I certification:

Base Tuition.....\$ 3,865
EL II Teacher Manuals set.....\$ 280
Total.....\$ 4,145

Payment in full or two payments

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-accredited organization and offers MACTE certifications. AoM is responsible for delivering the curriculum as described above in the time frame stipulated. Applicants of this education receive an Upper Elementary Certificate for completion of the EL II curriculum. Proof of Lower Elementary (EL I) certification is required to receive this certification.

I Understand the Following:

1. As an AoM student, I am choosing Upper Elementary teacher education. This curriculum

enable me to teach in the elementary Montessori school environment throughout the U.S.

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 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 any 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 in the case of Upper Elementary or a prearranged payment plan if granted. 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 a payment plan; 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 due. The sequence of payments shall be made as contracted, or the full balance is due and payable.
- d) Direct deposit payments shall be automated to occur on the same day of each month until paid in full.
- e) Payment plans include a \$300 setup fee. Said fee is added to the required tuition down payment.
- f) Upper Elementary Residency of three weeks requires the physical presence of the enrollee. Once checked in at Residency, there is no refund of fees or tuition. Should enrollee become ill or unable to complete Residency, a future Residency shall be made available for completion of course. I agree to the stipulated no-refund policy referred to herein.

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, diploma, or other information of my performance.

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 Residency class start date, no refund is made.

8. 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 complete the Upper Elementary teacher education.

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.

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: _____

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 certificate. 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 and/or delay completion of course. I shall receive EL II Teacher Certificate after completion of course work and balances paid.

Applicant Signature _____ **Date** _____

Head of School from Sponsoring School (if applicable)

Signature _____ Date _____

Other person responsible for tuition payments (if applicable)

Signature _____ Date _____