



Montessori Institute of Advanced Studies

22781 Canyon Court, Castro Valley, CA. 94552

Telephone: (510) 581-3729 ♦ Fax: (510) 581-6824

Dear Prospective Student,

Thank you for your interest in the 2016-17 Montessori Early Childhood Teacher Credentialing Program offered by the Montessori Institute of Advanced Studies.

The **Year-round Cycle Program** will begin in June 2016. Two courses, Practical Life and Sensorial are offered during the Summer Intensive Program in June. The following courses will be offered on alternate Saturdays throughout the year. The practicum phase for the year-round cycle will begin the following September.

Sincerely,

Meher Van Groenou

Director

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Montessori Institute of Advanced Studies

Presents

Early Childhood Credentialing Program

To be completed in one year.

*Join us for a Four Week Summer Intensive
With Practicum completed during the school year.*

Our mission is to offer a program where each individual pursues growth within the limits of social responsibility, as stated by Dr. Maria Montessori Philosophy of Education.

Our Teacher Training Program offers an opportunity to verify what gifts reside inside of you for helping children in their self-learning through the intuitive quality of attention. In its presence you will experience openness to the child's heart and receive its trust in return.

Our goal is to prepare teachers with the deepest grounding in Montessori philosophy. To develop teachers who have a broader approach in the contemporary context of child development and to create teachers as scientific pedagogues who see the prepared environment as a dynamic system that follows the child.

Our graduates enjoy our small class size and individual attention as well as being able to finish the program in one year. They also appreciate our low tuition and the ability to receive academic credit through CSU-East Bay.

Classes, Practicum, Workshops and Seminars fully prepare you to be the best.

Please Join Us

Contact us at: montessori.ins@gmail.com

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Application for Admission for the Early Childhood Program (2 1/2 - 6)

Date of application: _____ Email address: _____

Applicant: _____

(Last name) (First name) (Middle/maiden name)

Date of birth: _____ Place of birth: _____ Social Security Number: _____

Home address: _____

Street City State Zip

Mailing address: _____

Street City State Zip

Home phone: () _____ Work phone: () _____

Citizenship: _____

Person to notify in an emergency: _____

Last name First Middle

Address Home phone Work phone

Education: List high school, colleges, professional schools, and workshops attended, and have a copy of official transcripts sent to the Montessori Institute of Advanced Studies:

Institute City State Degree/Certificate Year

1. _____

2. _____

3. _____

State Teaching Certificate: _____ Year: _____

Teaching Experience: School Position City State Years

1. _____

2. _____

3. _____

Other Employment: Employer Position City State Years

1. _____

2. _____

3. _____

How did you hear about the teaching program at the Montessori Institute of Advanced Studies?

Anticipated practicum site: _____ Phone: () _____

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Address: _____

Is this school an affiliate of the American Montessori Society? _____

Name of the supervising teacher in your class: _____

If you do not have a practicum site in mind, in what geographical locations could you work?

Has your physical or emotional health ever interfered with the normal progress of your studies or employment? _____

Have you ever been convicted or pleaded nolo contendere for any violation of law other than minor traffic offenses? _____

If yes, what charge Dispensation Date Place

Is there anything you would like us to know about your learning style that would better enable us to assist you during the course? _____

Do you speak more than one language, which one(s)? _____

The information supplied by me on this application form is true and correct to the best of my knowledge. _____

Signature

Date

Checklist of items needed for application:

___ \$ 600.00 application fee & deposit toward the tuition (non-refundable), paid in check or money-order, made out to the Montessori Institute of Advanced Studies. *

___ Official copies of college transcripts from the college mailed to the Montessori Institute of Advanced Studies. Foreign students need to have their transcripts evaluated by an agency affiliated with the National Association of Credential Evaluation Services (naces.org)

___ 3 letters of recommendation from employers or teachers (to be sent directly to the Montessori Institute of Advanced Studies).

___ Applicant's personal statement discussing interest in Montessori training and career expectations.

___ A current photograph.

___ Tuition is due in full when accepted in the program.

___ Emergency Form

We will process your application after we have received the application form, the application fee and tuition deposit of \$600 () the required copies, the letters of recommendation and the personal statement. The full tuition is due at the time of acceptance.*

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Questionnaire

Please answer the following questions, as fully as possible. Attach additional pages if necessary. Answers are accepted hand written or typed.

1. Why do you want to take this Montessori Teacher Training Course?
2. How and when did you hear about the Montessori Method of Education?
3. What special qualifications (attributes, etc) would you bring to the field?
4. How do you intend to use your training?
5. Where and when did you observe a Montessori Classroom? What was your impression?
6. Have you seen another type of pre-school when class was in session? What was your impression?
7. Have you read any of Dr. Montessori's books? Explain.
8. Have you had previous experience working with children? Explain.
9. Do you have reliable transportation?

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The Montessori Early Childhood Teacher Credentialing Program directs a one or two year course, offering an opportunity to verify and develop the gifts that reside inside each of us for helping children in their self-learning. We prepare Montessori teachers with a deep grounding in the Montessori Philosophy. We develop individuals who have a broad approach in the contemporary context of child development and educational thought. We create teachers as “scientific pedagogues” who see the classroom as a dynamic system that “follows the child” in the pursuit of intellectual and moral and social needs.

The curriculum includes lectures on the philosophy, psychology, principles and practices of Dr. Montessori. There are supervised demonstrations and practical sessions with the Montessori apparatus, observations and practice teaching as part of the training. Lectures include early childhood development, and the relationship between Montessori education and current childhood educational and social theory.

Teaching credentials are given upon completion of all requirements.

Total Registration and Tuition Fees

Application	\$100.00 (non-refundable)
Tuition deposit	\$500.00 (non-refundable)
Tuition	\$3600.00
Manuals	\$285.00
Books & Material Fees (optional)	\$350.00
<u>AMS/MACTE</u>	<u>\$365.00</u>
Total	\$5200.00 (including books & material fees)

Other expenses:

CSUEB cost per unit (optional)	\$59
Student Visa Processing Fee (if applicable)	

Required Reading:

The Montessori Method, Dr. Maria Montessori
The Secret of Childhood, Dr. Maria Montessori
Discovery of the Child, Dr. Maria Montessori
The Absorbent Mind, Dr. Maria Montessori
The Advanced Montessori Method, Dr. Maria Montessori
Montessori: A Modern Approach, Dr. Paula Polk Lillard

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Student Emergency Form

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Email _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Phone: _____

Medical Information

Doctor's Name: _____ Doctor's Phone: _____

Blood Type: _____ Allergies: _____

Medical Condition: _____ Current Medications: _____

Additional Information: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Alternate #: _____

Relationship: _____

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Name: _____

Student Checklist

_____ Application for Admission

_____ College or High School Transcripts and any State Certification (foreign students need to have their transcripts evaluated).

_____ One personal and two professional references, to be forwarded directly to the Training Center by authors.

_____ A written paragraph about your introduction to Montessori, and why you want to take the training, what you plan to do with your training, and how you heard about the Montessori Institute of Advanced Studies.

_____ Enrollment Agreement (located in student handbook).

_____ Tuition payment

_____ A current Tuberculosis Report (submitted when you start practicum)

_____ Live scan proof of fingerprinting (submitted when you start practicum)

_____ First aid and CPR training (submitted when you start practicum)

Updated 2/3/2016