



Caspari Montessori Institute

Application Packet 2017

Montessori Teacher Certification Program

For ages 2 ½ - 6

*The training of the teacher who is to help life is something far more than the learning of ideas.
It includes the training of character; it is a preparation of the spirit.
~Dr. Maria Montessori*

Part 1: The Academic Course

Through in-person lectures, demonstrations, discussions, and supervised practice, the Adult Learner gains knowledge about how to prepare a Montessori educational environment for children ages 2 ½ through 6 and how to support their individual development.

Part 2: The Practicum

During the following school year, the Student Teacher gains experience and develops skill in the Montessori approach to education through teaching practice, observation, and preparation of curriculum materials and manuals.

Application checklist:

- Application form with photo
- Transcript (to be sent directly from the academic institution)
- Personal statement
- Application fee
- Enrollment agreement
- Consent for release of information
- Photo permission
- 3 Personal recommendations (to be sent directly by recommenders)
- Copy of child care license or appropriate background check (required prior to acceptance into the practicum phase)

When all materials have been received, you will be contacted for an interview with the director.

Mailing address:
Caspari Montessori Institute
PO Box 190378
Boise, ID 83719

email: casparimontessori@gmail.com
fax: (888) 514-4086
phone: (208) 562-1420
web: <http://caspari-montessori.com>



Caspari Montessori Institute

Application

Please attach photo

PERSONAL INFORMATION

Name _____

Address _____ email _____

City, state, zip _____ phone _____ text? yes no

EDUCATIONAL BACKGROUND

High School: Diploma GED (Send official high school transcript if there is no college transcript)

List colleges, professional, technical schools attended. Send most recent official college transcript.

Name of school	Location	Dates of attendance	Degree/Certificate
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Attach additional page if needed.

EMPLOYMENT

Present employment with dates _____

Contact information _____

Most recent previous employment with dates _____

Contact information _____

EXPERIENCE IN WORKING WITH YOUNG CHILDREN

Montessori _____

Other _____

Attach additional page if needed.

PERSONAL STATEMENT

On a separate page, include a 300-400 word personal statement about your interest in Montessori. Include the reason you are seeking Montessori teacher certification with CMI at this time.

I affirm that all information in this application is accurate.

Signature of applicant _____ Date _____



Caspari Montessori Institute

Enrollment Agreement 2017

Application fee due with application, non-refundable	\$ 100
Tuition	5,200
Site visits	500
Materials	<u>200</u>
Total	\$6,000

Additional student cost for books and supplies is approximately \$300.

Applicant _____ phone _____

Upon acceptance into the class by CMI, I will pay a \$500 tuition deposit within 15 days. When CMI receives the tuition deposit, I will be fully enrolled and have a place reserved in the class.

I will pay the remaining balance (after the application fee of \$100 and the deposit of \$500 has been paid) according to the following plan:

- _____ Discount Plan: \$5,300 paid by June 1, 2017
- _____ Standard Plan: \$5,400 paid by June 23, 2017
- _____ Extended Plan: 3 payments of \$1,810 on June 1, July 1, and August 1, 2017, total of \$5,430
(Contact the CMI office if you would like to discuss other financial options.)

___ Check: US dollars, paid to the order of CMI, PO Box 190378, Boise, ID 83719.
 ___ Credit card: ___ VISA ___ MasterCard ___ American Express ___ Discover
 Card number _____ Expiration date ____/____ Security code ___ ___
 Name on credit card _____ Billing address _____
 City _____ State _____ Zip _____

I agree to have my card charged according to the ___ Discount Plan ___ Standard Plan ___ Extended Plan.

Signature of card holder _____ Date _____

Refund of 90% of the tuition and fees will be given if written notice of withdrawal is received before the first day of class. A refund of 50% of the tuition and fees will be given if written notice of withdrawal is received before 80 hours of scheduled class time has been completed. No refund of tuition and fees is given after 80 hours of scheduled class time. A full refund of tuition and fees paid will be given if there is insufficient enrollment to begin the program as scheduled. Refunds are paid within 30 days.

Perfect attendance is the standard. Absences due to illness or family emergency are excused with the understanding that, in order to remain enrolled, the student must attend a minimum of 90% of the classes, take responsibility to review missed material and make up missed assignments. The student may be required to attend the missed classes at the next scheduled course or arrange individual tutoring.

Students in good standing who have successfully completed the academic phase and have cleared the appropriate background check are eligible to begin the practicum. It is the student's responsibility to seek a suitable practicum site and teaching schedule with approval by the CMI director.

- Fees that may apply to some students:
- Practicum observation travel expenses are charged for locations more than 20 miles from CMI office in Boise.
 - Self-directed internship fee is \$500.
 - Extended program tuition is \$500 per year (maximum of two years) for delayed completion.
 - Make-up (at another course) of classes missed is \$20 per 4-hour session; private tutoring is \$30/hour.
 - Optional undergraduate credits from the University of Montana Western.

I agree to the policies and terms of this agreement.

Signature of applicant _____ Date _____

If the applicant's school is responsible for payment, school official signs here with school name _____ Date _____



Consent for Release/Exchange of Confidential Information

Applicant information (please print)

Name _____ phone _____

Address _____
Street or PO Box City State Zip

Date of birth _____ US citizen? _____ SS# _____

I authorize Caspari Montessori Institute to contact the sources noted below for the release and/or exchange of otherwise confidential information in order to complete my application.

- Personal references
- Employer/supervisor
- Previous employers
- Previous educational institutions and training programs
- Department of Public Health and Human Services (child abuse check)
- Identification Bureau (criminal records check)
- Other (specify) _____

I attest that I have been totally honest and truthful in providing complete and accurate information and answering all questions on my application. I certify that I have the legal authority to authorize the disclosure of the information involving the person named above.

I understand that this authorization will become effective immediately and will remain in effect for three years. I further understand that I can revoke this authorization at anytime by giving written notice to Caspari Montessori Institute.

A photocopy or facsimile of this document is as valid as the original.

Applicant signature or legal guardian for those under the age of 18 Date

Witness signature Date

Photo Permission

From time to time we take photos during classes and practice sessions. We would like your permission to use these images on our websites, brochures, PowerPoint presentations, newsletters, and/or bulletin boards for training and promotional purposes. The images will be used only by Caspari Montessori Institute, Montessori Garden School, and/or Mec Materials to more clearly illustrate our programs and the Montessori approach to early education. Your name will not be used without specific permission by you. Please let us know your preference regarding our use of photos.

_____ YES. I grant permission to use my image on Caspari Montessori Institute, Montessori Garden School, and/or Mec Materials websites, brochures, PowerPoint presentations, newsletters, and/or bulletin boards.

_____ NO. Please do NOT take or use any photos of me.

Applicant signature or legal guardian for those under the age of 18 Date



Caspari Montessori Institute

Personal Recommendation

Montessori Teacher Certification applicant: _____

Applicant's contact information: _____

To the Recommender:

The person named above has applied for admission to the CMI Montessori teacher certification program and has given your name as a personal reference. Please complete this form and fax, email or mail it directly to CMI at the address below. Your response is confidential. In advance, thank you for your prompt reply.

Recommender: _____

Organization: _____ Position: _____

Telephone: _____ Email: _____

Address: _____
City State Zip

1. How long have you known the applicant and in what connection?

2. What qualities does the applicant possess that would make him/her an effective teacher of young children?

3. The CMI Montessori Teacher Certification program involves coursework which requires college level study/writing skills in English and a high degree of motivation, energy and responsibility. How well do you think this applicant would perform in this program?

Unsure	Poorly	Fairly well	Very well	With distinction
1	2	3	4	5

Comments: _____

4. Do you have any reservations regarding the ability or the suitability of the applicant to work with young children?

5. Would you like to offer any additional information that would assist in our consideration of this applicant?

Signature of Recommender _____ Date _____