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[www.montessoriwesternteachertrainingprogram.com](http://www.montessoriwesternteachertrainingprogram.com)

## Application to Teacher Education Course

**STEP 1:**

**Official Transcripts** verifying high school graduation, and/or college work/degrees, and previous Montessori training (have these sent directly from the institutions to MWTP at the address above).

**THESE MUST BE RECEIVED AND REVIEWED BY THE PROGRAM** before moving on to Step 2. Please call the Program to confirm receipt.

**STEP 2:**

Make an enrollment appointment with Michelle Light Baker.

**BRING THE FOLLOWING** with you to your appointment:

1. This completed application form and the \$300. non-refundable registration fee.
2. A brief essay (250-word minimum) about your experience with Montessori education and why you wish to take the training.
3. 2 copies of previous teaching credentials and employer verification of classroom experience (6-9 applicants only).

**ENROLLMENT OPTION: (CHECK ONE)**

- SUMMER INTENSIVE COURSE (1 YEAR TO COMPLETE)**
- EVENING COURSE (18 MONTHS TO COMPLETE)**
  - AMS CREDENTIAL COURSE --EARLY CHILDHOOD (2 ½ - 6)**
  - AMS CREDENTIAL COURSE --ELEMENTARY LEVEL 1 (6 – 9)**
  - SUMMER PHASE ONLY --EARLY CHILDHOOD (2 ½ - 6)**
  - SUMMER PHASE ONLY --ELEMENTARY LEVEL 1 (6 – 9)**

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_  
First Middle/Maiden Last Like to be called?

ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
Street City State/Zip

PHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
Home Work

FAX (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_ CHILDREN \_\_\_\_\_  
Name/ages

**EDUCATIONAL BACKGROUND: HIGH SCHOOL** \_\_\_\_\_  
Name City State Date Graduated

COLLEGE/UNIVERSITY NAME AND LOCATION	MAJOR FIELD	UNITS COMPLETED	DIPLOMA/DEGREE	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TEACHING CREDENTIALS/CERTIFICATES**

NAME OF CERTIFICATE	NUMBER	ISSUING AGENCY	DATE	EDUCATIONAL INSTITUTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT EXPERIENCE** (START WITH MOST RECENT)

NAME	CITY/STATE	JOB TITLE	DATES (FROM – TO)
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR EXPERIENCES WITH CHILDREN AS A PAID PROFESSIONAL OR VOLUNTEER.

REFERENCES (Persons familiar with your academic or employment performance) PLEASE PROVIDE COMPLETE INFORMATION. Recommendation forms will be sent directly to your references by the program.

1. NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

TITLE/RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE, ZIP

2. NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

TITLE/RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE, ZIP

3. NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

TITLE/RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE, ZIP

STUDENT ENROLLMENT APPOINTMENT CHECKLIST:

- Brief essay
- Check for \$ \_\_\_\_\_ non-refundable registration fee
- 2 copies of teaching credentials (6 – 9 applicants only)
- Employer verification of work experience in a school setting (if any)
- I have requested official copies of my transcripts (and have called the Program for verification of receipt and assessment of my eligibility)
- Tuition must be paid in full by Ma 15<sup>th</sup> (Early Childhood - \$5,000 Elementary I \$5,200)

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY: REFS _____
Amt. \$ _____ Date _____
CK# _____ B# _____