



The Center for
**GUIDED
MONTESSORI
STUDIES**

Application for Admission Professional Development Program

How to Apply

CGMS • 204 37th Ave. N #468 • St. Petersburg, FL • 33704

Toll free: 1-888-344-7897 • Outside North America: 1-941-870-1945 • Fax: 1-941-866-3522

Requirements

All students must demonstrate a strong facility with the English language. Some courses require the participant to be a certified Montessori teacher. Please refer to the course description to determine requirements.

Instructions

- Please fill out the entire application packet (Application Parts A + B and Tuition Agreement)
- Next, send your application packet and full course tuition to the above address.
- Note that full tuition is due with the application (payment plans may be arranged for schools sending multiple students).
- To check the status of your application, please send email to admissions@guidedstudies.com, or call our offices Monday to Friday, 9 am to 5 pm EST.



Application for Admission Course Selection

A. *Course*

For which class are you registering? Please check the appropriate start date as well.

Special Needs (5 weeks, \$270)

January 30th, 2012

Adventure in the Arts - Art and Music (6 weeks, \$310)

January 30th, 2012

Best Practices in Math and Language* (8 weeks, \$345)

January 30th, 2012

Classroom Leadership (6 weeks, \$310)

January 30th, 2012

* Applicants for the Best Practices in Math and Language seminar must be certified Montessori Early Childhood Teachers. Please send a copy of your certificate. Exceptions will be considered at the discretion of the course director.

** Discounts are available for multiple applicants from the same school or when enrolling in both a February and April course. Please email or call our office for more information about discounted fees.

Please understand that a session will not be run if less than five students register for it. In the case that a session is not run, all tuition for those sessions will be fully refunded.



Application for Admission Applicant Information

B. Applicant Information

Name _____

Maiden Name _____ Preferred Name _____

Mailing address _____

Phone _____

Email _____

C. Education

College, school or training program Years Attended Degree/Major/ Certification

D. Work Experience

Company/ Organization Years employed Major responsibilities



Tuition Agreement

E. Party responsible for payments

- Applicant
- Sponsoring School
 - School name _____
 - Head of School or Billing Contact name _____
 - Phone + Email _____
- Other party
 - Name _____
 - Relationship to Applicant _____
 - Phone _____
 - Email _____

Please note: Full tuition is due with the application. All funds are denominated in and must be rendered in US currency. Foreign bank drafts, including those from Canada, must account for currency differences.

B. Payment Options

- Enclosed is a check for \$_____
- Credit card payment
 - Type of card _____
 - Name on card _____
 - Account Number _____
 - Expiration Date _____
 - Card holder's signature _____
 - Billing address of card holder _____

Please send this completed application to:

CGMS, 204 37th Ave. N, #468, St. Petersburg, FL 33704

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