

Montessori Teacher Preparation of Washington

Site Location:
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Kent, WA 98032

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Mailing Address:
23807 – 98th Ave. S.
Kent, WA 98031

Registration Form Ages 2 ½ - 6 years

Last Name _____ First Name _____ Middle Name _____ SS# _____

Address _____ City _____ State _____ Zip _____

Phone/Fax _____ Birthdate _____ Sex _____ Marital Status _____

Email Address _____ Spouse's Name _____ # of Children _____ Ages _____

If applicable:

School Name & Address _____ School Phone _____

1. Diplomas, Degrees and/or Certificates (include dates received):

(Please include a copy of your transcripts with this registration form)

What is your current grade point average? (based on 4.0) _____

2. Work Record (with date): *(Please include any additional information on teaching experience)*

3. References: *(Please attach three references to this registration form)*

A. Employer

B. Teacher

C. Personal

4. Medical History: *(Please list any history of physical or emotional problems or substance abuse)*

Have you been diagnosed as having any learning disabilities? YES _____ NO _____ (If yes, please describe)

Please include a letter from your physician stating that there is nothing to inhibit you from actively working with preschool children. (Please include a copy of your tuberculosis-free card, if available).

MTPF004 (9/04)

5. What do you consider the five most important personal qualities of a teacher of young children?

6. What has been your experience with Montessori's philosophy and with Montessori schools?

7. Why do you want to become a Montessori teacher?

8. How did you learn of Montessori Teacher Preparation of Washington?

9. Which area Montessori school(s) have you observed? List your preference below of the school(s) in which you would like to complete your 9 month, half-day internship:

10. The person who told me about MTP and assisted me the most in registering is:

11. Please attach a two-page essay on your goals and philosophy of life.

12. I hereby enroll in Montessori Teacher Preparation with the enclosed \$100 registration fee in the:

Summer _____ Fall _____ Video _____

Signature _____ Date _____

Checksheet: Have you included the following with this form?

Registration Fee _____ Transcript _____ 3 References _____ Letter from Physician _____ Essay _____

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