



Montessori Teacher Preparation of Washington

318 3rd Ave. S. Kent, WA 98032
Phone: (253) 854-2880 Email: adm@mtp-wa.org

Co-Signer Agreement

By signing below, I _____ acknowledge receipt of and fully understand
Student Tuition Contract dated on _____.

By and Between

Montessori Teacher Preparation of Washington

Student: _____

For Montessori EC (2 ½ -6 yrs) Teaching Certificate Program

By signing below, I understand that I am jointly and severally responsible with the student for any and all
financial obligations of the student under the student tuition contract.

Co-Signer Name _____

Driver's License # _____ State _____ Social Security # _____

Co-Signer Signature _____ Date _____

MTP of WA Administrator _____ Date _____