



Montessori Teacher Preparation of Washington

www.mtp-wa.org

Campus Location: 318 3rd Ave. S. Kent, WA 98032

Phone: 253-656-1717

Mailing Address: 3739 S. 243rd St. Kent, WA 98032

Email: adm@mtp-wa.org

Registration Form (2 ½ - 6 Montessori Teaching Certificate)

Application Date: ____/____/____ Expected Start Date: ____/____/____

Last Name _____ First Name _____ Date of Birth _____

Gender _____ Country of Birth _____ Country of Citizenship _____

Address in Your Home Country _____

Present Address (if different) _____

Phone _____ Email _____

Dependents (only list if wanting to bring them to the U.S.)

Last Name _____ First Name _____ Date of Birth _____

Gender _____ Country of Birth _____ Country of Citizenship _____

Emergency Contact

Name _____ Phone _____ Relationship _____

English Fluency: Beginner _____ Intermediate _____ Advanced _____

TOEFL or Other English Proficiency Tests? _____ Score _____ Year Taken _____

Sponsorship and Health Insurance

How will you pay for tuition and living expenses? My own funds _____ Family funds _____ Other _____

_____ I acknowledge that international students are required to carry their own health insurance while attending MTP of WA. MTP of WA is not responsible for health care for its students or interns.

1. Diplomas, Degrees and/or Certificates (include dates received, please include a copy of your transcripts):

2. Work History (include dates, please include any additional information on teaching experience):

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

- 1)
- 2)
- 3)
- 4)
- 5)

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

5. How did you learn of Montessori Teacher Preparation of Washington? (If through a previous student, who?):

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

7. I give permission for my pictures to be used in MTP advertising: Yes _____ No _____

I have read and accept all the conditions written on this application. I verify that to the best of my knowledge, all the statements on this form are true.

Name: _____ Signature: _____

Date: _____

Payment Plan (10-Month Academic Class)

Plan I (Cash):

\$100: Registration Fee (due at registration, non-refundable)

\$200: I-20 Fee (due at registration, non-refundable)

\$200: Materials Fee (due at registration, non-refundable)

\$171: MACTE Student Fee (due at registration, non-refundable)

\$5,900: Class Tuition (due at registration)

Total Due at Registration: \$6,571

Plan II (3-Month Payment Plan):

\$100: Registration Fee (due at registration, non-refundable)

\$200: I-20 Fee (due at registration, non-refundable)

\$200: Materials Fee (due at registration, non-refundable)

\$171: MACTE Student Fee (due at registration, non-refundable)

\$6,100: Class Tuition (2 payments of \$2,033 and 1 payment of \$2,034 with the first due at registration)

Total Due at Registration: \$6,771 (*A \$25 late fee will be added to each late payment)

Plan III (10-Month Payment Plan):

\$100: Registration Fee (due at registration, non-refundable)

\$200: I-20 Fee (due at registration, non-refundable)

\$200: Materials Fee (due at registration, non-refundable)

\$171: MACTE Student Fee (due at registration, non-refundable)

\$6,300: Class Tuition (10 monthly payments of \$630 with the first due at registration)

Total Due at Registration: \$6,971 (*A \$25 late fee will be added to each late payment)

(9-Month Practicum)

Additional Fees:

\$1,000: Intern Field Supervisions

\$100: IAPM Certification Fee

\$25: MTP Transcript Fee

Total Due During Practicum: \$1,125

I, _____, select payment plan _____ and agree to make all tuition payments on or before the required dates. If my payment is more than one-week late, I agree to pay a late fee of \$25. I am also liable for all legal and collection fees. I understand that I am not considered enrolled until this document is signed, returned and that the entirety of my plan must be paid unless I give written notice of withdrawal (see refund policy).

_____ I understand that attendance of 260 hours of on-site classes is required for certification

_____ I understand that the certification received from MTP of WA and IAPM does not permit me to be a Montessori
trainer

_____ I agree that MTP's curriculum is the property of MTP of WA and may not be passed onto nor copied

_____ I agree that pictures of MTP of WA's materials may not be given or sold to others

_____ I agree that no portion of the MTP course may be reproduced without written permission

If this contract is cancelled within 5 business days of this dated application, all fees will be returned.

Name: _____ Signature: _____

Date: _____

This school is licensed under Chapter 28C.10 RCW; inquiries or complaints regarding this or any other private vocational school may be made to the Workforce Training and Education Coordinating Board, 128 10th Ave SW, Olympia, WA 98501 (360-709-4600) [WAC 490-105-040(5)(b)].

Montessori Teacher Preparation of Washington is registered with the Workforce Training and Education coordinating board under the Educational Services Act of 1979 and has agreed to comply with the requirements established by Workforce. In the event of a dispute between a student and MTP, the student may seek the assistance of Workforce at (360) 709-4600. MPTF005 (1/19)

Supplemental Materials

(Please send to adm@mtp-wa.org)

- \$300 (registration and I-20 fees, see bank information to wire fees below)
- Bank document showing proof of funds to stay at \$1,200 per month plus tuition (required funds for a 12-month stay is \$20,466 USD with an additional \$500 per month for each dependent)
- Signed Co-signer agreement (if chosen Payment Plan II or III)
- 3 References (Employer, Teacher, Personal, etc.)
- 2-page personal essay on your goals for completing this Montessori training
- Any transcripts/diplomas/certificates received
- Copy of passport identification and visa for both you and your dependents (if applicable)
- Digital passport photo

For International Students currently living in the U.S.:

- Copy of all I-20's from schools which you have studied in the U.S.
- Copy of passport ID and U.S. Visa pages
- Transfer student status report (to be signed by the international student advisor at your most recent school in the U.S.)
- Transcripts from all U.S. schools at which you have studied (if applicable)

When we have received all items from you and have determined that you are accepted into our program, we will send you a letter of acceptance and the initial I-20. Please email us the date of your arrival in the U.S.

Fee Wire Instructions:

Montessori Teacher Preparation of Washington, Inc.

3739 S. 243rd St, Kent, WA 98032

Homestreet Bank

253-373-9979, 800-719-8080

Swift # 57A HOMSUS6S

Routing # 325084426

Account: 5347119627

Address: 505 West Harrison, Kent, WA 98032