Registration for the 7th AMI Montessori

Elementary Training Course for teachers

**2024 - 2025**

**Please fill out in print and send to: callia.fordschmid@montessori-ch.ch**

Herewith I enrol for the AMI-Elementary Course, ages 6 to 12, in Switzerland organised by Montessori CH.

I declare that I have read the course guidelines and I am in agreement with them. I also agree to pay the course fees on their due dates.

**Personal data:**

Family Name and First Name: …………………………………………..

Address: …………………………………………..

zip code / City: …………………………………………..

Country: …………………………………………..

Business address: ……………………………………..…………………………………………..…………………………………………..

Billing adress: ……………………………………..…………………………………………..…………………………………………..

Phone No. home: ………………………………………….. Phone No. work: …………………………………………..

Fax: ………………………………………….. E-mail: …………………………………………..

Date of birth: ……………………………….. in: …………………………………… Country: ……………………………………………

Native language: ………………………………………….. other languages: ……………………………………………..

Nationality: ………………………………………….. Marital status: …………………………………………..

Age of children: …………………………………………..

**In case of an emergency (i. e. an accident) please notify:**

Family Name and First Name: ……………………………………… address: …………………………………………..

zip code / City: …………………………………………..

phone No.: ………………………………………….. relationship: ………………………………………..

# Professional Training:

Pedagogical studies in chronological order:

|  |  |  |  |
| --- | --- | --- | --- |
| University, Seminar (CH),College of Higher Education (CH), other schooling or apprenticeships | City/Country | Dates: begin/end | Completion; Grade |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

Enclose a copy of diplomas and credentials

**Status in studies for teaching**

❑ First half of studies completed ❑ 1. State exam completed ❑ 2. State exam completed

### Previous Montessori Training

|  |  |  |  |
| --- | --- | --- | --- |
| Course provider | City/Country | Dates: begin/end | Completion |
| 1. |  |  |  |
| 2. |  |  |  |

Enclose copies of diplomas.

**Professional activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| mployer | City/Country | Dates: begin/end | Type of activities |
| 1. |  |  |  |
| 2. |  |  |  |
| Current professional activities: |  |  |  |

**References (three professional contacts who are able to assess my work):**

 Name Address Profession

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you learn about this course:**

❑ Newspaper, where: ………………………………. ❑ Flyer ❑ Internet

❑ recommendation / personal conversation ❑ other sources: …………………………………………..

**Date:** ………………………………………………… **Signature:** …………………………………………………

**Following documents are enclosed:**

❑ completely filled in enrolment form

❑ Curriculum vitae

❑ Copies of diplomas and credentials

❑ Three recommendation letters (originals) from individuals who can evaluate my professional competences

 ❑ are enclosed ❑ have been asked for with the request to send them to Montessori CH

❑ Motivation report with handwritten answers to the following questions:

 ⚫ Why do you want to take the Montessori Elementary Training?

 ⚫ What special qualifications do you bring to this work?

 ⚫ How do you intend to use your training?

❑ Three passport photos

❑ Enclose Copy of the proof of the transfer of the enrolment fee of CHF 500.- into the account of: Montessori CH, Raiffeisenbank Region Stans, Robert-Durrer-Strasse 2, 6370 Stans, IBAN: CH42 8122 3000 0077 2026 5, SWIFT-BIC: RAIFCH22