

ASSISTANTS' COURSE REGISTRATION FORM

Personal Information:

Name _____

Address _____

City & Province _____ Postal Code _____

Home Phone _____ Email Address _____

Educational History:

Please list names of institutions attended.

High School _____

College _____

University _____

Other _____

Employment:

School (where employed) _____

School Phone _____

Deposit:

Non-refundable Deposit Enclosed (\$50.00) _____

Please make cheque payable to Montessori Fundamentals Inc. and mail to 291B Jane Street West, Toronto, Ontario, M6S 3Z3. The balance of the fees will be due on the first day of class.

For further information, please call 416-769-7457, or email fme@montessori-ami.ca.

**PLEASE REGISTER AS SOON AS POSSIBLE, SPACE IS LIMITED.
THANK YOU.**

Please note that, as this is an assistants' course,
no materials will be presented.