

AMI REFRESHER COURSE APPLICATION

Name: _____

Name on Diploma if different from above: _____

Diploma Number: _____ Year Graduated: _____

Training Centre: _____

Home Address: _____

City & Province: _____ Postal Code: _____

Home Phone/Fax: _____

email: _____

School Name & Address: _____

Deposit:

Deposit enclosed (\$50.00) _____

Please make cheque payable to Montessori Fundamentals Inc. and mail to 291-B Jane Street, Toronto, ON, M6S 3Z3. The balance of the fees will be due on the Friday Evening that the course begins.

PLEASE FEEL FREE TO PHOTOCOPY AN APPLICATION FORM FOR EACH PERSON THAT WILL BE ATTENDING. ALSO, PLEASE PASS THIS INFORMATION ALONG TO ANY INTERESTED AMI DIPLOMATE.

