



Professional Development Program Application

Instructions

- Please complete entire application (two pages) and scan and email to admissions@cgms.edu, or fax to 941- 827-2981. Please include check number if you are mailing a check to our Tampa address, above.
- Note that full tuition is due with the application - applications received without a check or credit card information will not be processed.
- To check the status of your application, please send email to admissions@cgms.edu or call our offices Monday to Friday, 8 am to 4 pm EST.

Course Selection

Please visit <https://www.cgms.edu/programs/professional-development/> to see the next course start dates.

For which course are you registering?

- Adventure in the Arts - Art and Music (6 weeks, \$310)
- Introduction to Infants and Toddlers-ages 0 to 3(10 weeks, \$360)
- Childwise Teacher (Observation) (6 weeks, \$310)*
*Please include a copy of your Montessori certification.
- Montessori Fundamentals(Early Childhood Overview) ages 3 to 6(10 weeks, \$360)
For Spanish language Fundamentos Montessori, please use application at <http://www.cgms.edu/spanish/>
- Montessori Fundamentals—Elementary Level ages 6 to 12 (10 weeks, \$360)
- Special Needs (5 weeks, \$270)

Applicant Information

Name(as you would like it on certificate of completion): _____

Mailing address: _____

Phone: _____

*Email address: _____

*Please ensure this is legible as this will be the method used to confirm enrollment and send log in information

Current position and age group you work with: _____

Are you Montessori certified? _____

If yes, age level of certification: _____



The Center for
**GUIDED
 MONTESSORI
 STUDIES**

Payment Information

Note that full tuition is due with the application - applications received without a check or credit card information will not be processed.

Party responsible for payments

- Applicant
- Sponsoring School
 - School name _____
 - Head of School or Billing Contact name _____
 - Phone + Email _____
- Other party
 - Name _____
 - Relationship to Applicant _____
 - Phone _____
 - Email _____

Please note: Full tuition is due with the application. All funds are denominated in and must be rendered in US currency.

Payment Options

- Enclosed/mailed is a check for \$_____ (within the U.S. only)
 To expedite enrollment, please scan or fax your application before mailing with your check.
- Credit card payment
 - Type of card _____
 - Name on card _____
 - Credit Card Number _____
 - Expiration Date _____
 - Card holder's signature _____
 - Billing address of card holder _____
 - _____
 - _____

Please send this completed application to admissions@cgms.edu, or mail to:
CGMS · 4532 West Kennedy Blvd, Suite 233 · Tampa, FL · 33609
1-888-344-7897 · 1-941-870-1945 · Fax: 1-941-827-2981