



# Professional Development Program Application

## Instructions

- Please complete entire application (two pages) and scan and email to [admissions@cgms.edu](mailto: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](mailto: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?*

\_\_\_\_\_ Introduction to Infants and Toddlers-Montessori Beginnings-ages 0 to 3(10 weeks, \$360)

\_\_\_\_\_ Childwise Teacher (Observation) (6 weeks, \$310)\*

\*Please include a copy of your Montessori certification for Childwise

\_\_\_\_\_ Montessori Fundamentals 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: \_\_\_\_\_

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](mailto:admissions@cgms.edu), fax to 941-827-2981, or mail to:

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