



THE CENTER FOR GUIDED MONTESSORI STUDIES

Early Childhood Assistant Program Application

Please note: this application must be completed and submitted to admissions@cgms.edu or faxed to 941-827-2981 to register for the Early Childhood Assistant program. *Incomplete applications or those submitted without payment will not be registered for the course.*

Today's Date: _____

Email address (please print or type): _____

Applicant Name (as it should be printed on certificate): _____

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Are you currently working in a classroom? _____

If yes, please provide age level: _____

School name: _____

Please provide a brief statement about your work with children and Montessori.

Use this link to pay the course tuition of \$675.00 : [Assistant Course Payment](#)

If mailing a check, **please note that the postal service can take up to three weeks for CGMS to receive mail.** Course access is not provided until payment is received. Please mark the space below and mail payment to: CGMS, 4532 West Kennedy Blvd, Suite 233, Tampa, FL 33609.

_____ A check for \$675 is being mailed to the address above. I understand that I will not be able to begin the course until payment is received.

REFUND POLICY: Course transfer or refund may be made within the first week of the course.

Please contact admissions@cgms.edu with questions about registering for the Early Childhood Assistant's Course.