

**International Center for Montessori Studies**  
**577 NE 107 Street Miami Shores, FL 33161**  
**Mailing Address: 1575 N Treasure Drive Unit 103 North Bay Village, FL 33141**  
 305-333-4671 email heidylilchin.icms@gmail.com  
**APPLICATION 2024 - 2025**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip-Code \_\_\_\_\_

Business Telephone \_\_\_\_\_

Program applying to: Early Childhood \_\_\_\_\_ Elementary I-II \_\_\_\_\_ Elementary II (with E I completed) \_\_\_\_\_

EDUCATIONAL BACKGROUND

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Major/field: \_\_\_\_\_

Other (after H.S.): \_\_\_\_\_

Teacher Certification (if any): Issuing agency (State) \_\_\_\_\_ Cert. # \_\_\_\_\_

Montessori Training/Workshops attended: \_\_\_\_\_

Given by: \_\_\_\_\_ Dates: \_\_\_\_\_

EMPLOYMENT BACKGROUND

Present Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ How long? \_\_\_\_\_

TEACHING EXPERIENCE

Use back of form for more listing

REFERENCES

Name

Title / Position

Relationship to Applicant

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Please submit this application form together with your check for \$150.00, made payable to **International Center for Montessori Studies** or via Zelle transfer to 305-333-4671.*

*Please return your application to ICMS, 1575 N Treasure Drive Unit 103 North Bay Village, FL 33141 or via email to heidylilchin.icms@gmail.com*