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 2026 - 2027

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 (FCCPC) _____ Elementary I-II ____Elementary II (with E I completed) _____
Starting Cohort Date: Summer – June 22, 2026 – June 5, 2027 ____
Fall – September 5, 2026 – December 11, 2027 ____
Winter – January 12, 2027 – June 10, 2028 ____

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.***