

**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 2025 - 2026**

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

<u>Name</u>	<u>Title / Position</u>	<u>Relationship to Applicant</u>
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*