

Mentoring and Certification of Montessori Preschools

Application Form-2011

Name of Montessori Preschool: _____

Address of Montessori Preschool: _____

Owners Name: _____

Owners Address: _____

If different from above

St Nicholas Montessori Society Membership Number: _____

Telephone Number: _____ Mobile: _____

Email Address: _____

Number of Classrooms to be visited _____

Initial Visit: €55.00 Follow up Visit: €55 Amount Enclosed: _____

Cost is per classroom per visit.

Please complete application form and return with appropriate fee to:

Administrator

St. Nicholas Montessori Society of Ireland

Kingston House

64 Patrick Street

Dun Laoghaire

Co. Dublin

Telephone: 01-2805705 Email address: info@montessoriireland.ie

Website: www.montessoriireland.ie

Signed: _____

Date: _____

For Office use Only

Amount of payment received _____ Method of payment: cheque/postal order/bank draft

Date Stamp _____

