IMS Montessori School
Membership Information

9525 Georgia Ave. #200
Silver Spring MD 20910
(301) 589-1127

Name of School _____ Director _____ ( ) Tele.

Street _____ City _____ State _____ Zip Code

Ownership

☐ Non- Profit Corporation ☐ Profit Corporation ☐ Individual ☐ Partnership
☐ Other (specify) _____

Program Information

Montessori Classes: *(Indicate enrollment in each of the following categories)*
__ Infant (0-3) __ Primary (2-6) __ Elementary (6-9) __ Elementary (9-12) __ Elementary (6-12)

__ Other (specify) _____

Hours of Operation: *(Check the category(s) which most closely describes your total school program)*
__ Half-Day Montessori (☐ Primary; ☐ Elementary) __ Montessori Day Care (specify hours) _____
__ Full-Day Montessori (☐ Primary; ☐ Elementary) __ Non-Montessori Day Care (specify hours) _____

Weekly Schedule: Specify number of days per week in operation during academic year _____

Special Program Features: *(Check special features of your school)*
__ Art __ Dance __ Foreign Language (specify) _____ __ Parent Education

__ Music __ Daycare __ Summer Program (☐ Montessori; ☐ Non-Montessori)

__ Other (specify) _____

Teaching Staff *(Use back of the form if needed)*

Name _____ Montessori Training (level/type) _____ Years Teaching Experience

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Participation in Montessori Training *(Check area(s) of interest)*
__ Internship Site __ Sponsor specialized Course(s) __ Classroom Observation
__ Sponsor Teacher for Elementary Training Program __ Establish Training Center
__ Sponsor Intern for Primary Teacher Training Program

Additional Comments *(Special needs, interest, individual concerns)*

_____

_____

_____

_____ _____
Signature Date

Creating the New Education

On the internet: http://imsmontessori.org- E-mail: havis@erols.com – Fax toll free 1-800-301-3131