



IMS Montessori School

Membership Information

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

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Name of School _____ Director _____ Tele. _____

Street _____ City _____ State/province _____ Zip Code _____ Country _____

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)
Total Enrollment : _____ [other programs, if any (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 Organize interest for local IMS workshop Classroom Observation
 Sponsor Teacher for Elementary Training Program Establish Training Center
 Sponsor Teacher for Primary Teacher Training Program

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

Signature _____ Date _____