New Teacher Preparation Class Report Form

Please fill out this form even if you are NOT running a course . Thank you!

Name of TEP: _____

Address: _____

City, State, Zip: _____ _____ _____

Phone: (_____)_____ Fax: (_____)_____

Email:_____

Program Level (circle one): IT 3-6 6-9 6-12 12-15 Admin

Class Information

_____I am not running a course at this time.

Beginning date: _____ _____ _____ (this information will be put on the MEPI Calendar on our website)
month day year

Class Schedule: _____ Daily _____ Weekly _____ Monthly _____ Other (Please Describe)

Number of on-site academic hours: _____

Teaching Staff - for Core Montessori subjects- *Please attach copies of Montessori certificates for staff members if not submitted previously*

	Staff name	Phone	Certifying Organization and date	Course Teaching
1.				Practical Life
2.				Sensorial
3.				Math
4.				Language
5.				Cultural Arts (Sci, Geo, History)

Class List (attach a separate list if necessary)

_____(_____)_____
Program Director's Name Area Code Phone

_____
Certifying Agency Level(s) Certified Dates(s) Certified

Student Name	Address City, State, Zip	Phone w/area code	e-mail	Internship Site

Payment Information

$60 x _____(# of students) = $_____ (Includes 1 year membership in MEPI)

$100 TEP (per level) $_____

Total Fees $ _____

Submit all fees along with this form to:

MEPI
PO Box 6 ~ Smithville, IN 47458

Payments are also accepted via:

1. Invoiced through PayPal for credit card (PalPay account is not necessary) _____ yes – please invoice me

2. Call the MEPI office **812-824-6366 -** to pay with credit card _____yes – I will call the office

Completed forms if using these payments may be sent via email or faxed, toll free: 888-708-2470

_____ _____
Program Director's Signature Date