



CCMA Mission:
CCMA Vision:

CCMA promotes standards of excellence in Montessori education through accreditation, support and service, and provides a unified voice for our members across Canada.
CCMA schools will implement an education that meets the needs of each individual child and inspires them to make the world a better place.

Request for School/Programme Consultation for the Purposes of ACCREDITATION (2019-2020)

Name of School: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name of Administrator: _____

Preferred Month and three possible Dates for Consultation: _____

Our school has the following number of classes: Toddler _____

Casa _____ Lower Elementary _____ Upper Elementary _____

Our school has the following Specialists: _____

Please list three names of preferred Visiting Team members. The list of Visiting Team members is located on the back pages of the Accreditation Guidelines Booklet. Every effort will be made to designate your selected Visiting Team members for your Accreditation; however, the final team will be determined by Visiting Team member availability.

Accreditation Fee Calculation:

(Base Accreditation Fee) + (Number of Full and Half-day Montessori Students Fees) = Total Accreditation Fee

Base Accreditation Fee:	\$ 500.00
Plus \$9.00 x _____ (Number of Full-day students)	= + \$ _____
Plus \$7.00 x _____ (Number of Half-day students)	= + \$ _____
Total Accreditation Fee:	= \$ _____

NOTE: \$500 Non-Refundable Accreditation Application Fee is required to start the process. This fee will be applied against the total Accreditation Fee and must be in place prior to establishing a date and arranging for consultants to be assigned.

\$500 Non-Refundable Accreditation Application Fee Enclosed _____ or being Paid by Credit Card _____

Please circle payment option: VISA, MasterCard, American Express, Cheque

Credit Card Number: _____ Expiry Date: _____

CVV# on Back of Card: _____ Postal Code associated with Card: _____

NOTE: The Balance of your Accreditation Fee is due one month prior to the visit.

If there are any travel and accommodation expenses incurred by the visiting team, they are to be paid directly by the school.

Signature of Administrator/Principal: _____

Date: _____