CCMA Mission: CCMA promotes standards of excellence in Montessori education through accreditation, support and service, and provides a unified voice for our members across Canada.

CCMA Vision: CCMA schools will implement an education that meets the needs of each individual child and inspires them to make the world a better place.

2019 – 2020 CCMA Enrollment Form
for the period of July 1st, 2019 to June 30th, 2020

School Name:

School Address:

Mailing Address: (If different from above)

Telephone:

Fax:

Website:

Links to Social Media, e.g. Facebook, Twitter etc.:

Year of Initial CCMA Application:

School Location: (Include the main street intersections and landmarks in your school's vicinity)

Administrator (i. e. head of school, principal, head director or the person who is responsible for the operation of the school or institute)

Name:

Title:

Email:

Other School Administration Designate (s): Name(s), Title(s) & Email(s):

Would you like these names listed with your school information on the CCMA website?   Yes ___   No ___

For CCMA Accredited Member Schools - *Please skip this section if you are not Accredited*

School Name: _____

An **Accredited Member** shall meet the following criteria:
Please put an "x" on each line to insure you are meeting the criteria of an Accredited school.

___ Each classroom has one teacher who holds an age-appropriate diploma from an AMI or MACTE accredited teacher training institute or any other teacher training program that may be recognized by the CCMA.

___ Each classroom has a full range of Montessori materials as recommended by CCMA, which offers the broad curriculum to allow for sequential learning.

___ Has multi-age groupings in each classroom (with a span of 1 year or more in the Toddler classroom and 3 years in the Casa and Elementary classrooms), which supports the concept that learning is a social process.

___ If you have less than optimal age mixes, please answer the questions on page 6 and 7 following this membership form

___ Has an uninterrupted work cycle, that is 'age and stage' appropriate (e.g. range from 1 to 2 hours for Toddler; 2 to 3 hours for Casa; 2 ½ to 3 ½ for Elementary), to allow for the development of focus.

___ Have a policy of admitting children to the program at the appropriate age level consistent with Montessori principles and sensitive periods for learning.

___ Require attendance 5 days a week, for consistency in learning, with consideration for a phase-in period for Toddler.

___ Abides by the CCMA Code of Ethics.

___ Have successfully completed the Accreditation process which includes a comprehensive review of policies, standards, and practices of the school by a CCMA Accreditation team.

___ Is licensed by the appropriate Provincial Licensing Authority.

___ Meets the relevant Building, Health, Safety, and Fire codes and carry appropriate insurance.

___ Is guided by the educational philosophy of Dr. Maria Montessori.

Last Accreditation Date: **Next Accreditation Date:**

Since your last date, **list any Substantive Changes**. Please **explain any substantive changes** within the last year.

___ Change of ownership
___ Change of legal name of the school
___ Change of legal status of the school (e.g. from not-for-profit to for-profit or vice versa)
___ Adoption of a new, substantially-changed mission statement
___ Change in head of school/director or announcement of head's/director's resignation for the following year
___ Resignation or turnover of 50% or more of the governing body
___ Addition or elimination of a class or age level
___ Relocation or extension of the school
___ Addition of another campus
___ Merger with another school or programme
___ Substantial drop or increase in enrollment (by 15% or more)
___ Substantial full-time faculty or administrative staff turnover (by 25% or more; 50% or more for Schools with 7 or fewer lead teachers)

Please provide further details of any substantive changes.

For CCMA Applicant Schools

School Name: _____

An **Applicant School** shall meet the following criteria:
Please put an "x" on each line to insure you are meeting the criteria of an Applicant school.

__ Each classroom has at least one teacher who holds an age-appropriate diploma from an AMI or MACTE accredited teacher training institute or any other teacher training program that may be recognized by the CCMA.

__ Each classroom has a basic to full range of Montessori materials as recommended by CCMA, which offers the broad curriculum to allow for sequential learning.

__ Is working toward multi-age groupings in each classroom (with a span of 1 year or more in the Toddler classroom and 3 years in the Casa and Elementary classrooms), which supports the concept that learning is a social process.

__ Have a policy of admitting children to the program at the appropriate age level consistent with Montessori principles and sensitive periods for learning.

__ Is working toward an uninterrupted work cycle, that is 'age and stage' appropriate (e.g. range from 1 to 2 hours for Toddler; 2 to 3 hours for Casa; 2 ½ to 3 ½ for Elementary), to allow for the development of focus.

__ Abides by the CCMA Code of Ethics.

__ The school is actively engaged and making progress to meet the criteria for being Accredited within a certain timeframe.

__ Is licensed by the appropriate Provincial Licensing Authority.

__ Meets the relevant Building, Health, Safety, and Fire codes and carry appropriate insurance.

__ Is guided by the educational philosophy of Dr. Maria Montessori.

Please indicate if your Casa/Early Childhood programme operates as a:

__ **Preschool**
__ **Licensed JK / SK**
__ **Copy of the license is included with the membership form**
__ **Private School**
__ **Other – please specify:**

The school is:

__ **Privately Owned**
__ **Not-for-Profit**

DERS – Developmental Environmental Rating Scale
Did you participate in DERS during 2018 – 2019?   ___ **Yes** ___ **No**
Will you participate in DERS during 2019 – 2020?   ___ **Yes** ___ **No**

Student Number Calculation:

Put an "x" beside each of the programmes your school offers and the number of students per programme:

"x"	*Programmes Offered*	# of Full-Day Students	# of Half-Day Students Morning (a.m.)	# of Half-Day Students Afternoon (p.m.)
	Infant (Ages: 12 to 18 Months)			
	Toddler (Ages: 18 Months to 3 Years)			
	Casa-Early Childhood (Ages: 2-1/2 to 6 Years)			
	Lower Elementary (Ages: 6 to 9 Years)		N/A	N/A
	Upper Elementary (Ages: 9 to 12 Years)		N/A	N/A
	Montessori Adolescent (Ages: 11 to 13 Years)		N/A	N/A
	Montessori High School (Ages: 13 to 18 Years)		N/A	N/A
	Totals:	**Total # of Full-Day Students:**	**Total # of Half-Day Morning (a.m.) Students:**	**Total # of Half-Day Afternoon (p.m.) Students:**

Total Fee Calculation (has 3 parts):

a. Base Fee + **b.** Student Number Fee + **c.** Branding/Marketing Fee **= Total Fee**

---

a.   Base Fee: **$ 500.00**

Plus $9.00 x _____ (Number of Full-day students)   = $ _____

Plus $7.00 x _____ (Number of Half-day students)   = $ _____

b.   Total Student Number Fee: = $ _____
   Has this changed by greater than 50%? Yes___   No___

c.   Branding/Marketing Fee: = $ _____

Select the Fee that Applies to the Size of Your School:

Branding/Marketing Fee:
- Schools under 50 children   - $100
- Schools from 51 to 99 children   - $200
- Schools from 100 to 200 children   - $300
- Schools from 200 to 300 children   - $400
- Schools over 300 children   - $500

Total Fee*:*

a._____ + b. _____ + c._____ = $ _____

Please circle payment option: VISA, MasterCard, American Express, Cheque
If the need arises, please contact us to arrange an alternative payment schedule.
Name on Card:

Credit Card Number: Expiry Date:

CVV# on Back of Card: Postal Code Associated with this Card:

Checklist: Please fax or email the following documents:

__ **Returning Schools** - Copies of Montessori diplomas for new staff members are enclosed
__ **New Schools** - Copies of Montessori diplomas for all staff members are enclosed
__ Your School **Calendar** for the 2019–2020 school year is attached
__ Copy of **School License**

__   **To the best of my knowledge the above information is true.**

Signature: **Date of Application:**