3-6 YRS LANGUAGE WORKSHOP
ADELAIDE - 16, 23 & 30 AUGUST & 6 SEPTEMBER 2014

Education .... should no longer be thought of as imparting knowledge, but must take a new path that seeks to release the human potential within us all. Maria Montessori

This interactive Workshop is open to teachers and student teachers interested in teaching 3-6yrs using the methods and materials based on Dr Maria Montessori’s philosophy. There will be detailed instruction and opportunities for practice with the specialized equipment which assists the child’s understanding of Language for this age group. Sessions will also provide opportunities for gathering and sharing information and ideas.

The Montessori approach

- meets the tendency for repetition
- provides essential skills
- builds confidence
- assists children to independence

The Presenter will be Anna Golab. Anna is coordinating a school’s special education support programme in addition to various other teaching commitments including teaching English to adult students and relief work in various Montessori preschool/day-care settings. Anna holds a Master’s Degree in Special Education. She also has a Diploma in Early Childhood Education and over 25 years of classroom teaching experience and has worked in a Montessori setting both as a classroom teacher and as a teaching principal.

PLEASE FAMILIARISE YOURSELF WITH THE LOCATION, AND ARRIVE 15 MINUTES PRIOR TO COMMENCEMENT

VENUE: Southern Montessori School, 53 Galloway Road, O’SULLIVAN BEACH SA

DATES & TIMES:
- 16 August 2014 9am – 4pm
- 23 August 2014 9am – 4pm
- 30 August 2014 9am – 4pm
- 6 September 2014 9am – 4pm

PLEASE BE PROMPT!

COST:
- Montessori Inst. Students $460 gst free
- Montessori Inst. Graduates $400 gst free
- Non-Montessori Inst. Students/Graduates $800 gst free

PLEASE BRING

- Lunch each day
- Morning tea (tea and biscuits) will be provided
- Writing materials - paper, pen, HB pencil, sharpener, coloured pencils, ruler
- 3-6 yrs Language curriculum guide
CLOSING DATE
Registrations and payment must be received by the office no later than **Wednesday 6 August 2014**

IMPORTANT INFORMATION

* Workshop venue does not have child-minding/babysitting facilities. Private arrangements, off-site, to be arranged by participants requiring this.
* Attendance at this workshop will not entitle non-Montessori Institute students to receive Curriculum Guides.
* Late registration fee, i.e. after closing date, applies.
* 50% Discount applies to anyone attending **this** workshop a second time. A copy of the previous workshop attendance certificate must accompany registration.
* A fee of $25 will apply for cancellation of registrations prior to the workshop.
* Certificate of attendance will only be provided for full attendance.
* Only registrations for full attendance will be accepted.

PAYMENT

* Please make cheques payable to "MWEI (AUST) INC”
* Payment by credit card – please complete the attached registration form
* Payment by direct transfer to bank account – see registration form for details
* Strictly one person per registration form. Each participant must complete a registration form

THE MONTESSORI INSTITUTE WORKSHOP PARTICIPANT CODE OF CONDUCT
This Code of Conduct applies to all participants attending a Montessori Institute workshop.

<table>
<thead>
<tr>
<th>RIGHTS</th>
<th>RESPONSIBILITIES</th>
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<tbody>
<tr>
<td>Every person has the right –</td>
<td>Every person has the responsibility –</td>
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<tr>
<td>• to be treated with respect and dignity</td>
<td>• to treat others with respect and dignity</td>
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<td>• to hold and express an opinion</td>
<td>• to respect the rights of another</td>
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<td>• to work in a positive learning environment</td>
<td>• to respect that others have a right to hold and express an opinion</td>
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<td>• to achieve one’s personal best in all aspects of learning</td>
<td>• to express their own opinion in an appropriate way and at appropriate times</td>
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<td>• to work in a clean and safe environment</td>
<td>• to contribute to a positive learning environment</td>
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<tr>
<td>• to have personal privacy and property respected</td>
<td>• to aim to do one’s personal best in all aspects of learning</td>
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<tr>
<td></td>
<td>• to maintain a clean, safe environment</td>
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<td>• to respect personal privacy and property of others</td>
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REGISTRATION FORM

ADELAIDE 3-6 YRS LANGUAGE WORKSHOP - 16, 23 & 30 AUGUST & 6 SEPTEMBER 2014

Name: (First name)____________________________________(Surname)____________________________________

Address: ___________________________________________________________________________________________

Postcode ________________

Phone: __________________ Mobile __________________ E-mail: _________________________________________

I am associated with ____________________________________________ School / Organisation.

Montessori Institute students only
I am a Montessori Institute student / graduate of: Graduate Diploma Diploma Adv. Certificate Leadership
with focus age group: 0-3 0-6 3-6 or 6-12

OR (other) ___________________________________________________________ Montessori Course;

Where did you hear about this workshop? ________________________________________________________________

Would you like to be included on the email notification list for workshops? Y N Currently on list

I have previously attended the following Montessori Institute Workshops: ________________________________

________________________________________________________________________________________________

If you are currently employed at Montessori School/Centre, please provide details (e.g. Directress/Assistant, age group of children and give length of time).

________________________________________________________________________________________________

I ______________________________________________________ agree to abide by the attached Code of Conduct when

attending Workshops held by the Montessori Institute.

Payment of $______________ has been made by direct deposit credit card cheque

Signed ____________________________________________ Date ________________

PAYMENT BY CREDIT CARD

CLOSING DATE - Registration Form and payment to arrive no later than Wednesday 6 August 2014

Debit my Credit Card: MasterCard Visa

Credit Card No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date: __/___

For the amount of (Australian Dollars) $______________ Cardholder’s Name: ______________________________

Signature: ____________________________________________ Date: ________________

DIRECT BANK TRANSFER TO THE MONTESSORI INSTITUTE

BSB: 016 498 Account: 199 999 463 Name: MWEI Aust Reference: Your name & ‘36LANG’

RETURN REGISTRATION FORM TO

Post: 3/20 Comserv Loop, Ellenbrook WA 6069

Phone: (08) 6296 7900 Fax: (08) 6296 7911

Email: bhendry@mwei.edu.au