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 6-12yrs 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 Cosmic Education 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, Sheryl Ridout (Dip Teach (Early Childhood), Dip Ed(Montessori Education)), began her teaching career in 1976 as a Pre-Primary teacher in mainstream education. Her involvement in Montessori education began in 1981. Since then she has been involved in Montessori at many levels including Playgroup Coordinator, Assistant 3-6 and 6-9, Director 3-6, Director 6-9, LOTE teacher 6-12, Council Member, Co-Principal, Principal and most recently as a Director of Montessori Australia Council and a Conference Organiser.

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

**VENUE:** Rockingham Montessori School, 7 Attwood Way, Rockingham WA

**DATES & TIMES:**
- Tue 7 April 2015 9am – 4pm
- Wed 8 April 2015 9am – 4pm
- Thu 9 April 2015 9am – 4pm
- Fri 10 April 2015 9am – 4pm
- Sat 11 April 2015 9am – 4pm

**COST:**
- Montessori Inst. Students $600 gst free
- Non-Montessori Inst. $1,050 gst free

**THIS WORKSHOP IS REQUIRED FOR**
- Graduate Diploma of Education (Montessori) 6-12yrs
- Diploma of Early Childhood and Primary Education (Montessori) 6-12yrs
PLEASE BRING
* Lunch each day
* Morning tea (tea and biscuits) will be provided
* Writing materials - paper, pen, HB pencil, sharpener, coloured pencils, ruler
* 6-12yrs Cosmic Education curriculum guide

CLOSING DATE
Registrations and payment must be received by the office no later than **Wednesday 25 March 2015**

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
* **Payment by credit card only** – please complete the attached registration form
* 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>
</tr>
<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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<tr>
<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>
</tr>
<tr>
<td></td>
<td>• to respect personal privacy and property of others</td>
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</tbody>
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REGISTRATION FORM
WA 6-12 YRS COSMIC EDUCATION WORKSHOP - 7-11 APRIL 2015

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 BY CREDIT CARD

CLOSING DATE - Registration Form and payment to arrive no later than Wednesday 25 March 2015

Debit my Credit Card: MasterCard Visa

Credit Card No. _______ / _______ Expiry Date: _______ / _______

For the amount of (Australian Dollars) $_______ Cardholder’s Name: __________________________

Signature: __________________________ Date: __________________________

RETURN REGISTRATION FORM TO
Post: 3/20 Conserv Loop, Ellenbrook WA 6069
Phone: (08) 6296 7900
Fax: (08) 6296 7911
Email: bhendry@mwei.edu.au