3-6 YRS SENSORIAL WORKSHOP
ADELAIDE - 17, 24 & 31 MAY 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 Sensorial 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 Education Centre, 53 Galloway Road, O’SULLIVAN BEACH SA

DATES & TIMES: 17 May 2014 9am – 4pm PLEASE BE PROMPT!
24 May 2014 9am – 4pm
31 May 2014 9am – 4pm

COST: Montessori Inst. Students / Graduates $345 gst free
Non-Montessori Inst. Students / Graduates $600 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 Sensorial curriculum guide
CLOSING DATE
Registrations and payment must be received by the office no later than Wednesday 7 May 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.

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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<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 SENSORIAL WORKSHOP - 17, 24 & 31 MAY 2014

Name: (First name)____________________________________(Surname)____________________________________

Address: _________________________________________________________________________________________

______________________________________________________________________________________________

Phone: ___________________________ Mobile ___________________________ E-mail: ____________________________

I am associated with______________________________________________________________School / Organisation.

I am a Montessori Institute student / graduate of:  Graduate Diploma  Diploma  Adv. Certificate  Leadership

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 ______________________________

CLOSING DATE - Registration Form and payment to arrive no later than Wednesday 7 May 2014

PAYMENT BY CREDIT CARD

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: 1999 99463  Name: MWEI Aust   Reference: Your name & workshop name

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