

SA 3-6 YRS MATHEMATICS WORKSHOP
27, 28 July & 10, 11 August 2024

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

These interactive Workshops are open to teachers, classroom assistants, students, parents and anyone interested in working in a Montessori educational environment with children using the methods and materials based on Dr Maria Montessori's philosophy. There will be detailed instruction and opportunities for practice with the materials which assists the child's understanding of Mathematics for the 3-6yrs age group. Sessions will also provide opportunities for gathering and sharing information and ideas.

PLEASE FAMILIARISE YOURSELF WITH THE LOCATION, AND ARRIVE FOR A 9 AM START

VENUE: Southern Montessori School, 53 Galloway Rd, O'Sullivan Beach SA

PRESENTER: Anna Golab

DATES & TIMES:	Sat 27 July 2024	9am – 4pm
	Sun 28 July 2024	9am – 4pm
	Sat 10 August 2024	9am – 4pm
	Sun 11 August 2024	9am – 4pm

COST: \$1,180 *GST free*

PLEASE BRING

- * Pre-packed lunch, snacks and bottle of drinking water for each day.
- * Writing materials - paper, pen, HB pencil, sharpener, coloured pencils, ruler.

IMPORTANT INFORMATION

- * Each participant must complete an expression of interest.
- * Only expressions of interest for full attendance will be accepted.
- * Attendance at this workshop will not entitle non-Montessori Institute students to receive Curriculum Guides.
- * A Certificate of Attendance for non-students will only be provided for full attendance. Please ensure you sign in every day.
- * Missed workshop days are non-refundable.
- * A fee of \$30 per workshop day will apply for cancellation of registration prior to the workshop.
- * A 50% discount applies to anyone attending **this** workshop a second time (a copy of the previous workshop attendance certificate must accompany the registration form).
- * The workshop venue does not have child-minding/babysitting facilities. Private arrangements, off-site, to be arranged by participants requiring this.

EXPRESSION OF INTEREST

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First name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Mobile: _____

Email: _____

I am associated with _____
School / Centre/Organisation.

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

I _____ agree to abide by the attached Code of Conduct when attending workshops held by the Montessori Institute (see website).

Signature: _____

Date: _____

CLOSING DATE

Expressions of interest must be received by the office no later than **Friday 12th July 2024**

PAYMENT

An invoice will be emailed to you when your expression of interest is accepted. Payment can then be made by bank transfer or BPAY. Payment must be received one week prior to the workshop. **Please indicate person and/or school email address to send the invoice:**

RETURN EXPRESSIONS OF INTEREST TO

Email: rstevens@mwei.edu.au

Fax: (08) 6296 7911



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