



Kildonan Teacher Training Institute Orton-Gillingham Trainings

Application/Registration Agreement

Choose the level training you wish to take:

Classroom Educator Associate Certified I Certified II

(Certified coursework may be taken in any order)

Dates and location of the training you wish to take:

Tuition due: _____ **Deposit (1/2 tuition) due:** _____

Name: _____

Address: _____

Telephone - Home: _____ Cell: _____

E-mail (please print carefully): _____

How did you hear about us?

Constant Contact _____ Word of Mouth _____ Facebook _____ Other _____

College(s) and highest degree(s) earned with date: _____

Previous Orton-Gillingham or related (e.g. Wilson, Project Read) experience; include length of experience:

Reasons for taking the training:

Interesting Talents/Hobbies/Passions (optional):

Are you currently a Subscriber level member of the Orton-Gillingham Academy?:
_____ YES _____ NO

Please sign the agreement below.

In the event that I need to withdraw from the training within three weeks of the beginning of the course, I am aware that the course registration fee may be nonrefundable.

I understand that the practicum begins after the coursework is completed and that the practicum is an additional fee of \$ 1,750.00 payable over 10 installments (Associate /Certified) and \$875 payable over 5 installments (Classroom Educator) with each observation beginning after completion of the coursework.

Signature

Date

Mail completed form and deposit fee (1/2 tuition) (made payable to Kildonan Teacher Training Institute) to:

Kathleen Stewart, F/AOGPE, Kildonan Teacher Training Institute Director
The Kildonan School, 425 Morse Hill Road, Amenia, NY 12501
For more information call: 845-373-2028