# Apprenticeship Commitments Form

**Please complete and fax to the Parent-Child Mother Goose Program National Office at 416-588-1355. The National Office will fax back the authorized form.**

Name of Training Teacher: _____

Name of Apprentice Teacher: _____

Date of P-CMGP Teacher Training Certification: _____

P-CMGP Workshop facilitator: _____

Location of Teacher Training Workshop: _____

Number of P-CMG Program Sessions Training Teacher has co-taught: _____

Number of different P-CMG Programs Training Teacher has worked in: _____

Number of certified P-CMGP co-teachers Training Teacher has worked with: _____

The hosting organization has read and commits to the requirements of hosting the Parent-Child Mother Goose Program apprenticeship training as set out in the "Commitments" Appendix (page A1) of the Apprenticeship Training Manual.

_____

Name of P-CMGP Director Signature Date

The Training Teacher has read the Apprenticeship Training Manual, has compiled the required resources, and commits to the requirements of training, mentoring, and evaluating a Parent-Child Mother Goose Program Apprentice Teacher.

_____

Name of Training Teacher (please print) Signature Date

The Apprentice Teacher wishes to begin training as a Parent-Child Mother Goose Program teacher through apprenticeship.

_____

Name of Apprentice Teacher (please print) Signature Date

The Parent-Child Mother Goose Program National Office consents to the initiation of apprenticeship training for

_____ At _____

Name of Apprentice Teacher Name of Organisation

By _____

Name of Training Teacher

_____

Name of Parent-Child Mother Goose Program Director Signature Date