

Parent-Child Mother Goose Program[®] Teacher Certification Registration Form

Welcome! Please send this information to us at the office to help us keep up-to-date and to assist us in planning for your professional development and certification. Thank you.

Name of organisation offering the P-CMGP

Address City/Town

Province Postal Code Email

Phone Number Fax

Contact at organisation

This organisation is a member in good standing for the calendar year **20**

This organisation has been sending program reports to the National Office Yes No

Please fill out only one of the sections below: either Self-Evaluation or Apprenticeship

If you are unsure of which applies to you, please refer to the [Training and Certification for P-CMGP Teachers](#) document available on our website or by contacting the office.

Self-Evaluation Registration

Name of Self-Evaluation Teacher

Name(s) of Co-teacher(s)

Date of this registration form Date of Teacher Training Workshop
MM / DD / YY

Apprenticeship Registration

For Apprenticeship Registration to be complete, in addition to this form, the [Apprenticeship Commitments Form](#) needs to be filled out and sent to the National Office to be signed by the P-CMGP Executive Director. This form is available on our website or by contacting the office.

Name of Apprentice Teacher

Name of Training Teacher

Date of this registration form Date of Teacher Training Workshop
MM / DD / YY

Parent-Child Mother Goose Program[®]

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