

**EARLY CHILDHOOD EDUCATION PROGRAM
APPLICATION FOR ADMISSION**

(to be completed by applicant)

Legal Name: _____

Preferred Name: _____

Address: _____ Telephone: (home) _____

City: _____ (work) _____

Postal Code: _____ Cell phone: _____

Marital Status: _____ email: _____

Children: _____ Ages: _____

Fluency in English (please check):

Spoken: _____ Written: _____ Other Languages: _____

Educational Background:

High School: Location _____
_____ Year Graduated: _____

Post Secondary:

<u>Name of Institution/Program</u>	<u>Years of Attendance</u>	<u>Degrees/Certificates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other relevant training or non-credit courses (e.g. personal development, leadership training, parenting courses, courses related to young children).

	<u>Years of Attendance</u>
_____	_____
_____	_____
_____	_____

General Work Experience:

<u>Employer</u>	<u>Type of Work</u>	<u>Years Employed</u>
_____	_____	_____
_____	_____	_____

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Work Experience with Children (Paid or Volunteer)

<u>Employer</u>	<u>Type of Work</u>	<u>Ages of Children</u>	<u>Years Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Interests and Experience that might be relevant to working with young children. (e.g. hobbies, travel, leisure activities, etc.)

References:

Please list the names of three people that could be contacted to recommend you as a suitable candidate for this program.

<u>Name & Position</u>	<u>Address</u>	<u>Phone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include with your application:

- Two-page autobiography.
- Copies of academic transcripts or other relevant documents.
- Copies of any personal or work references.

Mail Application to:

Early Childhood Education Program
Community & Continuing Education
5325 Kincaid Street
Burnaby, B.C. V5G 1W2

Signature

Date