EARLY CHILDHOOD EDUCATION PROGRAM APPLICATION FOR ADMISSION

	() 2 Year C	Completion	() 3 Year	Completion	
() September s	tart	() Janua	ry start	() May start
Name:					
Address:		Telephone:	(home):		
Postal Code:			` '		
Educational Ba	ckground:				
High School:	Location:		Year Gradua	ated:	
Post Secondary:					
Name of Institution	on/Program	Years of Atte	<u>ndance</u>	Degrees/Cei	<u>tificates</u>
	aining or non-cred s, courses related			velopment, lead	dership training,
<u>Institution</u>				·	and Year
With Children an	<u>d Families</u> (Emplo	ovment or Volunt	eer)		
THE CHIMATON AND	<u>a : arimoo</u> (Emple	Jillolle of Volum		Ages of	Years
<u>Employer</u>	<u>Type</u>	of Work		<u>Children</u>	Employed

Burnaby COMMUNITY & CONTINUING EDUCATION Career Training for Adults

General Work Experienc	e:	
Employer	Type of Work	Years Employed
		to working with young children. (e.g.
hobbies, travel, leisure act	-	
	nree references that could be co	entacted to recommend you as a eir signed reference letter.
Name & Position	<u>Address</u>	Phone No.
Checklist of documents	to be submitted with this app	lication:
() Will write or has writter() Two page autobiograp		12 with a C+ or higher <u>OR</u> the Burnaby Continuing Education , values, interests and the reasons
` ' '	anscripts or other relevant docur t least one should be from past	
Once this application is if you have yet to take it.	_	ed for an interview and English tes
•	Mail Application to:	
	Early Childhood Education F	
	Community & Continuing Ed 5325 Kincaid Street V5G	
Signature		Date

