COLLEGE OF THE ROCKIES

Enrolment Services
2700 College Way, Box 8500
Cranbrook, BC | V1C 5L7

250-489-8237 | 250-489-8219 Fax
1-877-489-2687 x 3237 Toll Free
Scan and email to: reghelp@cotr.bc.ca

Application for Program Admission – Assistant Early Childhood Educator

This form is for students wanting to register for one or more of the following courses: ECED-113 Health, Safety and Nutrition, CYFS-116 Lifespan Development, ECED-150 Guiding Behaviours with Young Children.

Completion of one of the following courses allows students to apply to the Ministry of Children and Family Development for a license to work as an Assistant in Early Childhood Education.

Have you previously attended College of the Rockies? ☐ Yes ☐ No   If *YES*, Student Number *(if known)* [_____]

PERSONAL INFORMATION

First Name
Legal [_____]

Last Name
Legal [_____]

Former Last Name
Legal [_____]

Middle Name
Legal [_____]

Chosen Name
Optional [_____]

Date of Birth   YYYY [____]   MM [____]   DD [____]

Address [_____]   **City/Town** [_____]   **Province** [____]

Postal Code [____]   **Email** [_____]   **Phone** [_____]

EMERGENCY CONTACT

Name [_____]   **Phone** [_____]

GENDER IDENTITY

Woman ☐
People whose current gender is woman. This includes cisgender and transgender people who are women.

Man ☐
People whose current gender is man. This includes cisgender and transgender people who are men.

Non-Binary Gender ☐
People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.

Prefer Not to Answer/Unknown ☐

WOULD YOU SAY YOU ARE

Cisgender ☐
People whose sex assigned at birth is the same as their gender.

Transgender ☐
People whose sex assigned at birth is different from their gender.

Prefer Not to Answer/Unknown ☐

VOLUNTARY DECLARATION

Do you identify yourself as an Indigenous person of Canada?
☐ Yes ☐ No

If yes, check all that apply:
☐ First Nations   ☐ Metis   ☐ Inuit

CITIZENSHIP STATUS

Canadian: ☐ Yes ☐ No

If NO, what is your country of citizenship: _____

☐ Permanent Resident   ☐ Minister's Permit
☐ Diplomat   ☐ Live-in Caregiver
☐ *Other*:   ☐ Refugee (status granted)
_____

PRIMARY LANGUAGE

☐ English   ☐ French   ☐ Mandarin   ☐ Spanish   ☐ Hindi

☐ *Other*: _____

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Admission Status ☐ New Student ☐ Returning Student: *Different Program* ☐ Dual Credit

This program is offered through the Cranbrook campus.

Select Start Term ☐ Fall ☐ Winter

ACADEMIC HISTORY

Last High School Attended _____ **City** _____ **Province** _____

From (year) _____ **To (year)** _____ **Did you graduate?** ☐ Yes ☐ No

Provincial Education Number (PEN) _____

BC/Yukon Secondary Students Only

The Personal Education Number (PEN) is a nine-digit number assigned to BC and Yukon students enrolled or registered in Early Learning, K-12, or Post-Secondary Education. To attain your PEN Number, visit https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates/studenttranscripts-services-help/personal-education-number/

Post Secondary Institution Attended _____ **City** _____ **Province** _____

From (year) _____ **To (year)** _____

Did you graduate? ☐ Yes ☐ No

ACCESSIBILITY SERVICES (Optional)

A variety of support services and accommodations for students with learning disabilities, physical or psychological challenges, as well as those with temporary disabilities are available. Do you wish to be contacted by the Accessibility Services Coordinator? (Optional).

To learn more, visit our website: https://cotr.bc.ca/student-services/student-support/accessibility-services/

☐ Yes

FORMER OR CURRENT YOUTH IN CARE (Optional)

Are you or have you been a youth in care in the Province of British Columbia and would you like to be contacted by the College of the Rockies about funding, supports, and service available?

To view criteria, please visit the StudentAidBC website on the Provincial Tuition Waiver program:

https://studentaidbc.ca/explore/grants-scholarships/provincial-tuition-waiver-program

To learn more, visit our website:

https://cotr.bc.ca/student-services/student-support/financial-aid/former-youth-in-care/

☐ Yes

STUDENT INFORMATION RELEASE AUTHORIZATION

If you wish to authorize someone to act on your behalf with respect to application status, registration, financial information/activities, transcripts, or graduation, please submit the *Student Information Release Authorization form* to Enrolment Services.

The form can be downloaded from: https://cotr.bc.ca/wp-content/uploads/Student-Information-Release-Authorization-FILLABLE-READER-2019.pdf

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CONSENT FOR INFORMATION DISCLOSURE AND DECLARATION OF APPLICANT

I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. Completion and submission of this application permits College of the Rockies to request and/or confirm any information necessary to support my application for admission. The submission of any false statements or documents can result in the cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability. No decision on my eligibility for admission will be made until all the required documents have been submitted. I agree to abide by the established rules and regulations of the College including those of the department and program in which I shall be registered, and any changes which may be made while I am a student at College of the Rockies.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

In submitting this application, I understand that the personal information on this form is collected under the authority of the College and Institute Act. I understand the information collected on this application is consistent to the Freedom of Information and Protection of Privacy Act and will be used confidentially for purposes of admission, registration, student support services, research, alumni relations, administration of the Student Association fees and other purposes consistent with the mandate of the College. In providing the College with an email address, I acknowledge that the College may send confidential information about me to this address. Any questions I have concerning the collection and use of this information should be directed to the Office of the Registrar.

☐ **I give my consent to disclose my information per the above declaration.**

☐ **I hereby certify that the information provided in this application is true, accurate and complete.**

Signature of Applicant _____ **Date** _____

NEXT STEPS

Please submit this form to Enrolment Services **IN-PERSON, BY MAIL, FAX** or by **EMAIL**: reghelp@cotr.bc.ca