

## Application for Program Admission – Child, Youth and Family Studies Dual Credit

This Child, Youth and Family Studies program application is for secondary students wanting to register for College of the Rockies courses resulting in dual credit - secondary and post-secondary credits.

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

**Social Insurance Number\***

\*Required for all students eligible to receive a Tuition and Enrolment Certificate (T2202) under the authority of the Income Tax Act. Submitting your SIN does not automatically qualify you for a T2202 certificate. See [cotr.bc.ca/student-services/registrar/t2202-tuition-and-enrolment-certificate](http://cotr.bc.ca/student-services/registrar/t2202-tuition-and-enrolment-certificate) for more information.

**Address**  **City/Town**  **Province**

**Postal Code**  **Email**  **Phone**

### EMERGENCY CONTACT

**Name**  **Phone**

### GENDER IDENTITY

**Woman**  **Man**  **Non-Binary Gender**  **Prefer Not to Answer/Unknown**

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

**WOULD YOU SAY YOU ARE**

**Cisgender**  **Transgender**  **Prefer Not to Answer/Unknown**

People whose sex assigned at birth is the same as their gender. People whose sex assigned at birth is different from their gender.

### VOLUNTARY DECLARATION

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

*If yes, check all that apply:*

First Nations  Metis  Inuit  Status  Non-Status

### 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: \_\_\_\_\_

**Admission Status**  New Student  Returning Student: *Different Program*

**Campus**  Cranbrook  Creston  Fernie  Golden  Invermere  Kimberley

**Select Start Term**  Fall  Winter  Spring

**Intended Load**  Full Time  Part Time

**Education Goal**  Certificate  Diploma  Associate of Arts Degree  Associate of Science Degree  
 Degree  University Transfer  Bachelor of Business Administration

Personal Enrichment  Post-Degree Certificate  Post-Degree Diploma  Undecided

## 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>

## FOR STUDENTS WITH DISABILITIES

To support you more effectively during your studies at College of the Rockies, please notify the Accessibilities Coordinator in Student Services who will then contact you regarding your particular needs. All information received is confidential.

Please contact: (250) 489-8243 or 1-877-489-2687 x3243

## 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>

## 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 Registrar's Office.

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** \_\_\_\_\_



I understand that I am responsible for all tuition, fees, and textbook costs not covered by school district sponsorship. I also understand that final course grades will be part of my permanent post-secondary record.

Student Name	Signature	Date Signed
--------------	-----------	-------------

Parent/Guardian Acknowledgement of the above:

Parent/Guardian Name	Signature	Date Signed
----------------------	-----------	-------------

### Student Information Release –Completed by Student

College of the Rockies requires student permission to provide information such as attendance, progress, grades, and fees owing to a third party – such as a secondary school or school district.

From this, I grant permission for my secondary school and school district (noted above) to access my student records – attendance, academic progress, grades and any information pertaining to my dual credit enrolment at College of the Rockies.

I understand that I must complete the *Student Release of Information Authorization* form if I would like to grant information access to a parent or guardian.

<https://cotr.bc.ca/wp-content/uploads/Student-Information-Release-Authorization-FILLABLE-READER-2019.pdf>

Student Name	Student Signature	Date Signed
--------------	-------------------	-------------

### Dual Credit Permission- Completed by the Secondary School

\_\_\_\_\_ has permission to register in the College of the Rockies courses noted above. Upon successful completion of these courses, the student will receive dual credit (both secondary and post-secondary credits).

Secondary School Counsellor or Principal	Signature	Date Signed
--	-----------	-------------

## Child, Youth and Family Studies Dual Credit Sponsorship Form

This form outlines sponsorship of a Child Youth and Family Studies Dual Credit student during the 2024-25 year.

### Conditions – Reviewed by the Sponsor

Through completion of this form, the sponsor understands and accepts College procedures, practices and deadlines relating to tuition fee payment, program/course withdrawal, and tuition fee refunds. As a reference, the sponsor has access to the College academic calendar:

<https://cotr.bc.ca/student-services/registrar/important-dates/>

Through this form, the sponsor is also committing to sponsorship regardless of student academic performance.

This sponsorship form does not grant the sponsor access to the student's records (ex. enrolment, attendance, grades or financial information). In order for the College to release this information directly to a sponsor, the student must sign the Student Information Release section of the *CYFS Dual Credit Permission* form. Note: The student may also request that the College send a Confirmation of Enrolment letter and/or official transcript directly to the sponsor.

### Details - Completed by the Sponsor

#### Student Information

##### Personal

Legal Last Name	Legal First Name	
Chosen First Name	Birthdate	Email

##### Secondary School Attendance

Secondary School	School District
Current Grade	PEN Number

#### Sponsor Information

Sponsoring Organization	
Billing Address	
Contact Person	Phone
Email	

#### Accounts Payable Information (if different from above)

Contact Person	
Phone	Email

### Funding Information

2025 Winter		Tuition
CYFS 101	Inclusive Interpersonal Communications	\$ 215.16
CYFS 116	Lifespan Development	\$ 286.88
ECED 105	Developing Positive Relationships with Young Children	\$ 227.04
ECED 129	Introduction to Early Childhood - Education	\$ 227.04
	Winter Total Tuition Fees	\$956.12
	Student Association Fees*	\$ 34.50
	<b>Total Fees</b>	<b>990.62</b>

\*Each course is assessed an \$11.50 Student Association fee to a maximum of \$34.50 per term. **These fees do not include textbooks costs.** All prices are subject to change.

#### For sponsorship directly paid to College of the Rockies

The sponsor will receive an invoice approximately 2 weeks from the start of class. The sponsor will remit payment within 30 days to College of the Rockies based on the invoice(s) received. For the sponsor, College of the Rockies is deferring fee deadlines outlined in the College of the Rockies academic calendar.

By signing the form, the sponsor supports the conditions and details noted above.

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date Signed

## Student Information Release Authorization

In compliance with the Freedom of Information and Protection of Privacy (FOIPOP), the College of the Rockies (COTR) is generally prohibited from providing certain information from your student records to a third party, such as information on grades, invoices, financial aid (including scholarships, grants, or loan amounts) and other student record information. This restriction applies, but is not limited to, your parents (under certain circumstances), your spouse, or a sponsor. It may be important for these individuals to be able to access such information, especially if they play a key role in financing your education.

You may, at your discretion, grant the College permission to release information about your student record to a third party by submitting a completed *Student Information Release Authorization* form to the Registrar's Office. The specified information will be made available only if requested by the authorized third party. The College does not automatically send this information to the third party. Authentication of the caller will be required before release of this information by telephone.

Submit your completed form to the COTR Registrar's Office at the address given above. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by submitting this request to the Registrar's Office.

### STUDENT INFORMATION

Student Number \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

### AUTHORIZATION

*Please check one or more of the boxes below to grant authorization of information specified:*

Grades/GPA, personal information, enrolment, academic progress status and other information related to academics

Invoices, charges, credits, payments, past due accounts, and/or collection activity

Financial aid awards, application data, disbursements, eligibility and/or financial aid satisfactory academic progress status, College-maintained loan disbursements and loan repayment history

Tuition, Education, and Textbook Amounts Certificate (T2202A form)

**I WISH TO REVOKE** my authorization to release information to the designate mentioned below

### AUTHORIZED DESIGNATE(S)

*Name of Designate (first, middle initial, last)*

*Relationship to student*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### APPROVAL LENGTH

From: \_\_\_\_\_

To: \_\_\_\_\_

## AUTHENTICATION QUESTIONS AND ANSWERS

To ensure security of your student record, please have your designate\*\* (e.g. parent or spouse) provide two security questions and answers. This information will be kept on your file and COTR staff will only provide information you have agreed to release to the person who can provide the answers to those questions.

Question 1:

---

Answer 1:

---

Question 2:

---

Answer 2:

---

*\*\*Sponsors are required to relay the details of the sponsorship and the name of a contact person.*

## DECLARATION

### Freedom of Information/Protection of Privacy

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

### Please read the following before signing:

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

## CERTIFICATION

*I acknowledge that this authorization starts as of the date this form is signed and has no expiration date, however, I can revoke the authorization at any time by submitting a written request to the Registrar's Office. By signing this form, I authorize the College of the Rockies to release the information specified to the person(s) listed above. The purpose of this authorization is to assist the person(s) in supporting me (financially or otherwise) in connection with my College of the Rockies education.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date