

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



COLLEGE OF

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.

Legal Former Last Name Legal	RSONAL INFO	RMATION									
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 cort.org/registrar/t2202-tuition-and-enrolment for more information. Address City/Town Prov Postal Code Email Phone MERGENCY CONTACT Name Phone MAN Ople whose current gender is woman. This includes cisgender and transgender people who are men. This includes cisgender and transgender people who are men. WOULD YOU SAY YOU ARE Cisgender Ople whose sew assigned at birth is the same as their gender. WOULD YOU SAY YOU ARE Cisgender Transgender Ople whose sew assigned at birth is the same as 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	First Name Legal										
Date of Birth Page 1											
*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 color: blook care-services/registrar/t2202-tuition-and-enrolment for more information. Address City/Town Prov Prov Prov People whose current gender is woman. This includes cisgender and transgender people who are men. WOULD YOU SAY YOU ARE Cisgender People whose sex assigned at birth is the same as their gender. Transgender ople whose sex assigned at birth is the ferent from their gender. Prefer Not to Answer/Unknown Do you identify yourself as an Aboriginal person of Canada? Yes No						Chos					
Submitting your SIN does not automatically qualify you for a T2202 certificate. See color: bc.ca/student-services/registrar/t2202-tuition-and-enrolmer for more information. Address City/Town Phone MERGENCY CONTACT Name Phone Man Ople whose current gender is woman. This includes cisgender and transgender people whose current gender is man. This includes cisgender and transgender people who are wemen. WOULD YOU SAY YOU ARE Cisgender Transgender Ople whose sex assigned at birth is the same as their gender. Transgender Ople whose sex assigned at birth is the ferent 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 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 fivo-Spirit. Prefer Not to Answer/Unknown	Date of Birth	YYYY	MM	DD		Soc	cial Insuranc	e Number*			
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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 Geal Certificate Diploma Associate of Arts Degree Associate of Science Degree Degree University Transfer Betchelor of Business Administration Personal Enrichment Post-Degree Certificate Post-Degree Diploma Undecided ACADEMIC HISTORY Last High School Attended City Province From (year) Did you graduate? Yes No Provincial Education Number (PEN) Enable secondary Suscess Only Province Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate? Yes No Provincial Education Number (PEN) Entry I Invest Did you graduate estate estate of the Number, you's highly removed the province of the Intended Pen I											
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To (year) Did you graduate? Yes No	_	Education Goal	☐ Degree	Unive	rsity Tra	insfer 🗌 Bachelor	of Business Adr	ministratior	1	ed	
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 enroled or registered in Early Learning, K-12, or Post-Secondary Education. To attain your PEN Number, visit https://www.2 goob.cc./a/go/yoronten/deucation-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 have submitted in this application for admission of this application permits College of the Rockies to request and/or confirm any information necessary to support my application for admission in the submitted along the submitted along the submitted and program or course, and that admission is subject to meeting program or course percequisites and space availability, No decision on way guarantees admission to a program or course, and that admission is subject to meeting program or course percequisites and space availability. No decision on way guarantees admission to a program or course, and that admission is subject to meeting program or course percequisites and space availability, No decision on way guarantees admission to a progr		ACADEMIC HISTOR	RY								
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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 perequisites 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 wit		who will then con	itact you reg	arding you	ur partic	ular needs. All infor		-		Coordinator in	Student Services
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\square I hereby certify that the information provided in this application is true, accurate and complete.		In submitting this applinformation collected registration, student s College. In providing the	lication, I under on this applicat support services the College with	rstand that the tion is consis s, research, a an email ad	he personatent to the lumni rela dress, I ac	al information on this for e Freedom of Information ations, administration o eknowledge that the Col	on and Protection of f the Student Associates llege may send con	of Privacy Act ciation fees ar	and will be used con nd other purposes co	fidentially for purp nsistent with the n	ooses of admission, nandate of the
Signature of Applicant Date			☐ I hereby	certify th	at the in	nformation provide	d in this applica	tion is true	, accurate and co	mplete.	
		Signature	e of Applicant	t					Date		





Secondary school students complete this form to confirm their secondary school/school district supports/permits their College of the Rockies program application and dual credit course selections.

Completion of this form does not guarantee course registration. The student is subject to course requisites and the availability of seats.

This permission form does not grant the secondary school/school district 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 school/school district, the student must sign the Student Information Release section of this form. Note: the student may also request that the College send a Confirmation of Enrolment letter and/or official transcript directly to the school/school district.

Student Information – Completed by Student

Personal

Legal Last Name Legal First Name

Chosen First Name Birthdate Email

Secondary School

Secondary School School District
Current Grade PEN Number

Dual Credit Request – Completed by Student

College of the Rockies

Student ID

For the upcoming Winter term, I wish to receive secondary school credit and post-secondary credit for the following College of the Rockies courses:

0	CYFS	101	Inclusive Interpersonal Communications
0	CYFS	116	Lifespan Development
0	ECED	105	Developing Positive Relationships with Young Children
О	ECED	129	Introduction to Early Childhood Education



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 Acknowle	dgement of the above:	
Parent/Guardian Name	Signature	Date Signed
Student Information	Release – Completed	by Student
•		provide information such as attendance, progress, ondary school or school district.
	· · · · · · · · · · · · · · · · · · ·	and school district (noted above) to access my student any information pertaining to my dual credit enrolment
I understand that I must co information access to a par	•	e of Information Authorization form if I would like to grant
https://cotr.bc.ca/wp-content	:/uploads/Student-Informatio	n-Release-Authorization-FILLABLE-READER-2019.pdf
Student Name	Student Signature	Date Signed
Dual Credit Permissio	n- Completed by the	Secondary School
•	~	e College of the Rockies courses noted above. Upon ill receive dual credit (both secondary and post-
Secondary School Counse	llor or Principal Signatu	re Date Signed





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 Attendance Secondary School	Scho	pol District	

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
	Total Fees	990.62

^{*}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, th	e sponsor supports the conditions and detail	s noted above.	
Sponsor	Sponsor Signature	Date Signed	



STUDENT INFORMATION

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



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 Number		_	
Student Number			
First Name		_	Last Name
AUTHORIZATION			
Please check one or	more of the boxes below to grant	authorizatio	n of information specified:
	Grades/GPA, personal informat related to academics	ion, enrolme	nt, academic progress status and other information
	Invoices, charges, credits, paym	ents, past du	e accounts, and/or collection activity
		· ·	rsements, eligibility and/or financial aid satisfactory d loan disbursements and loan repayment history
	Tuition, Education, and Textboo	k Amounts C	ertificate (T2202A form)
	I WISH TO REVOKE my authoriz	ation to relea	se information to the designate mentioned below
AUTHORIZED DESIG	NATE(S)		
Name of Design	ate (first, middle initial, last)		Relationship to student
	 -	-	
	_		
APPROVAL LENGTH			
From:		To:	

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

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 perso
The College of the Ro collected on this form Please read the follo	ormation contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and
revoke the autho authorize the Co	hat this authorization starts as of the date this form is signed and has no expiration date, however, I can prization at any time by submitting a written request to the Registrar's Office. By signing this form, I pllege of the Rockies to release the information specified to the person(s) listed above. The purpose of then is to assist the person(s) in supporting me (financially or otherwise) in connection with my College of
Student's Signature	