

**Ridge Meadows College  
EARLY CHILDHOOD EDUCATION PROGRAM  
APPLICATION FORM**

**DATE OF APPLICATION:** \_\_\_\_\_

**The Canada Revenue Agency requires the college to collect Social Insurance Numbers for tax purposes.**

**Personal Information**

**Surname:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**First Language** \_\_\_\_\_

**Citizenship Status**

**Canadian Citizen** \_\_\_\_\_ **Permanent Resident** \_\_\_\_\_

**If not Canadian, country of Citizenship** \_\_\_\_\_

**Education Intent *(please indicate all that apply)***

**Complete Early Childhood Education Certification**

**Early Childhood Education Assistant Certification**

**Application Requirements (See next page)**

The following documents must be attached to this application:

- Current Resume \_\_\_\_\_
- Criminal Record Check  
*(Students will receive an email with online instructions and a access code from the college once you are conditionally approved into Program to obtain your Criminal Record Check)*
- Medical/Health Declaration \_\_\_\_\_
- Immunization Declaration \_\_\_\_\_
- Three Personal References (letters) \_\_\_\_\_
- One or two pages explaining your interest in ECE training and describing your experience with children \_\_\_\_\_
- Relevant Transcripts \_\_\_\_\_  
(If applicant is under 19, or requests transfer credit)
- Proof of Age (copy of driver's license or BC ID or passport) \_\_\_\_\_

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### Applicant Status

High School Graduate: No \_\_\_ Yes \_\_\_ (OR) Mature Student Status: \_\_\_\_\_

Year graduated: \_\_\_\_\_ School: \_\_\_\_\_

### Confidential

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you ever been charged or convicted of a criminal offence?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever been dismissed, suspended, or disqualified as a member of any profession, force, or other organization? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you know of any reason you should not work with children?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have any physical limitations that would interfere with your ability to work with young children?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you suffering from any communicable disease?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you been, or are you now, in treatment for alcohol or drug use?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Legal

By my signature on this application, I authorize Ridge Meadows College to obtain information regarding my previous employment and/or education. I hereby certify that all answers, statements, and particulars stated above are true and correct. I understand that any misrepresentation may result in dismissal from the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Conditionally approved by: \_\_\_\_\_

Approved and Accepted by ECE Chair: \_\_\_\_\_

Date submitted to RMC office: \_\_\_\_\_

Student File Created: \_\_\_\_\_ Date : \_\_\_\_\_

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

Office Signature: \_\_\_\_\_



A Division of School District #42 (Maple Ridge and Pitt Meadows)

**CHARACTER REFERENCE LETTER**

Applicant Name:  
*(Please Print)*

1. How long have you known this applicant? (You must have known the applicant for a minimum of 6 months)

\_\_\_\_\_

2. In what capacity have you known the applicant? (You must not be a relative, partner, or spouse.)

\_\_\_\_\_

\_\_\_\_\_

3. What characteristics have you seen the applicant exhibiting that would be valuable when working with young children?

\_\_\_\_\_

\_\_\_\_\_

4. Explain why you think the applicant has the temperament / ability to work with young children?

\_\_\_\_\_

\_\_\_\_\_

5. Do you have reason to believe that this applicant should NOT work with young children? Explain.

\_\_\_\_\_

Referee's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Referee's Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

Referee's Address: \_\_\_\_\_

**MEDICAL/HEALTH DECLARATION - EARLY CHILDHOOD EDUCATION  
PROGRAM**

Student's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Job duties in the Early Childhood Education field require constant physical activity, including bending, lifting, pulling, pushing, stretching, and kneeling, as well as transferring equipment. The job duties also require that the candidate possess manual dexterity and can actively participate in educational activities using sense of touch, sight, hearing, and smell.

The emotional environment of the field requires that the candidate be able to cope with all the demands and stressors involved.

To ensure the safety of the individual student, and the ultimate safety of the persons assigned to their care, we require this declaration to be signed by you the student that you are mentally, emotionally, and physically capable of working with children and completing the requirements listed above for the duration of the program.

Please inform us of any extra support needs:

***I declare that I am physically and emotionally able to perform the duties required of working with groups of young children and adults.***

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

\_\_\_\_\_  
Date:

**Disclaimer:**

***Falsifying the above information could result in expulsion from the college.***

## EARLY CHILDHOOD EDUCATION Immunization Declaration

*Participation in the full British Columbia Immunization program is recommended for all adults and children in BC. Licensing standards require that employees of Licensed Child Care Facilities provide documentation of their immunization status as a condition of employment. This information can be used in the event of an outbreak of a vaccine preventable disease in a facility. In order to protect both themselves and their vulnerable clients, employees are strongly encouraged to ensure their immunizations are up to date. Please review, complete and sign-off as noted below.*

**Name:** \_\_\_\_\_

To the best of my knowledge my current immunization status is as indicated below.

**RECOMMENDED IMMUNIZATIONS: (check one box for each immunization listed)**

IMMUNIZATION	YES	NO	UNKNOWN	FREQUENCY OF BOOSTER
Tetanus & Diphtheria (Td)				Date of last booster (if known):
Poliomyelitis (OPV/IPV)				no booster required
Measles (MMR)				no booster required
Mumps (MMR)				no booster required
Rubella (MMR)				no booster required
Hepatitis B				no booster required
Varicella				no booster required
Influenza				Annually
				Date of last immunization (if known)

Medical certificate/record of vaccinations is provided (if available) Yes      No

*Student Signature*

*Date*

## DOCUMENTS REQUIRED FOR STUDENT FILES

**Please note: Acquiring these documents is the responsibility of the student.**

The following documents must be in the student's file prior to enrolling in classes. Student's retain the original of all documents and are required to update them if circumstances warrant. Students may NOT begin practicum, or conduct center-based observations, without a *current criminal record review* on file with the college.

DOCUMENT	EXPLANATION	✓
Application		
Resume and Three Reference Letters	Include 3 reference letters	
Medical/Health Declaration	Student must declare that they are <b><i>physically and mentally capable</i></b> of working with young children	
One or two pages explaining your interest in Early Childhood Education	Please include a letter describing volunteer or other experience with children	
Immunization	Declaration form attached to application package, must be filled out, signed and dated.	
Proof of payment of obtaining Criminal record check	Students obtain a CRC form (Online instructions and access code will be sent to students on how to obtain their CRC once the application has been conditionally approved.)	
Proof of age	Copy of Driver's license or BC ID or passport	
Relevant Transcripts	If applicant is under 19, or requests transfer credit	

**Remember that:**

- **References must be current. Letters of reference may be confirmed; all phone references will be contacted.**
- **Immunization records are not necessary, a declaration is sufficient.**