



A Division of School District No. 42 (Maple Ridge – Pitt Meadows)

# Ridge Meadows College EARLY CHILDHOOD EDUCATION PROGRAM APPLICATION FORM

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

**NEW POLICY – PLEASE READ:** The Canada Revenue Agency requires the college to collect Social Insurance Numbers for tax purposes. Please have your SIN number available at time of registration.

## Personal Information

Family Name: \_\_\_\_\_ First name: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Is English your first Language \_\_\_\_\_

## Citizenship Status

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

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

BC Resident for the last 12 months: Yes \_\_\_\_\_ No \_\_\_\_\_

## Education Intent (please indicate all that apply)

Daytime Program: \_\_\_\_\_ Evening Program: \_\_\_\_\_ Combination: \_\_\_\_\_

Certificate: \_\_\_\_\_ Single Course: \_\_\_\_\_ Diploma: \_\_\_\_\_

## Application Requirements

The following documents must be attached to this application:

- Current Resume \_\_\_\_
- Completed CRC Application (Schedule F) \_\_\_\_  
*(provided to the student by the college after registration and course payment received)*  
*Ridge Meadows College will submit the CRC application on your behalf.*
- Doctor's Note \_\_\_\_
- Immunization Declaration \_\_\_\_
- Three Personal References (letters) \_\_\_\_
- One or two paragraphs 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 | No |
| 2. Have you ever been dismissed, suspended, or disqualified as a member of any profession, force, or other organization? | Yes | No |
| 3. Do you know of any reason you should not work with children?  | Yes | No |
| 4. Do you have any physical limitations that would interfere with your ability to work with young children?              | Yes | No |
| 5. Are you suffering from any communicable disease?  | Yes | No |
| 6. Have you been, or are you now, in treatment for alcohol or drug use?  | Yes | No |

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

\*\*IS A CRIMINAL RECORD CHECK REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

### FOR OFFICE USE ONLY

Approval of ECE Coordinator: \_\_\_\_\_

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

\*\*IS A CRIMINAL RECORD CHECK REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

NOTES:

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

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

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



*A Division of School District No. 42 (Maple Ridge – Pitt Meadows)*

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## PHYSICIANS WAIVER – EARLY CHILDHOOD EDUCATION PROGRAM

**Attention: Attending Physician:**

\_\_\_\_\_ has applied to the Early Childhood Education Certificate program at Ridge Meadows College.

Job duties in this 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 have the ability to 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.

In order to ensure the safety of the individual student, and the ultimate safety of the persons assigned to their care, we require a statement that this student is mentally, emotionally and physically capable of working with children and completing the requirements listed above for the duration of the program.

The above named student is provisionally accepted into the Early Childhood Education Certificate program until the signed copy of this letter is received by the Early Childhood Education program coordinator of Ridge Meadows College.

Thank you for your cooperation and prompt attention to this matter.

Sincerely,

\_\_\_\_\_  
Jeffrey Curwen, Manager, Ridge Meadows College

\_\_\_\_\_  
Student Signature (permission granted for Information release to Ridge Meadows College)

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*To be completed by the Physician*

This is to certify that the above-named candidate is physically, mentally and emotionally capable of working with children and of performing the job duties as outlined above.

\_\_\_\_\_  
Signature of Attending Physician

**PHYSICIAN'S STAMP**

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Phone Number:

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



**Ridge Meadows  
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of last booster (if known)
Poliomyelitis (OPV/IPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no booster required
Measles (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no booster required
Mumps (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no booster required
Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no booster required
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no booster required
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no booster required
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually
				Date of last immunization (if known)

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

*Student Signature*

*Date*



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

### CHARACTER REFERENCE LETTER

Applicant Name: <i>(Please Print)</i>
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1. How long have you known this applicant? (You must have known the applicant for a minimum of 6 months)

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

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

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

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

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

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

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



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

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*(Please Print)*

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\_\_\_\_\_

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: \_\_\_\_\_



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

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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: \_\_\_\_\_



## 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	Include 3 reference letters	
Doctor’s note	Must declare that the student is <i>physically and mentally capable</i> of working with young children	
One or two paragraphs explaining your interest in Early Childhood Education	Please include a letter describing volunteer or other experience with children	
Immunization	May be a declaration form attached to application package	
Criminal record check	Students complete a CRC form ( <i>provided to the student by the college after registration and course payment received</i> ), which is submitted by the college for review on the student’s behalf	
Proof of age	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.**