

Early Childhood Education Dual Credit Partnership

UFV courses may qualify for DUAL CREDIT, giving students additional credits towards the high school completion certificate.

Please return completed packages to your WEX or Apprenticeship facilitator.

Name: _____



**Chilliwack
School District**



**SCHOOL DISTRICT 78
FRASER-CASCADE**
EVERYONE PULLING TOGETHER

**UNIVERSITY
OF THE
FRASER VALLEY**

Application Requirements for Early Childhood Education:

Applicants must meet the following requirements:

- Eligible students must be moving into their Grade 12 school year
- Eligible students must be capable of an increased academic course load
- Eligible Students must be committed to completing a BC Dogwood certificate (High School Completion)

Application Package Checklist: complete and submit to your school representative by **May 1st 2023**
(requires both student and parent signatures)

- Application Forms:
 - Student Information
 - Statement of Interest and Intent
 - Teacher Reference Form School
 - Reference Form
 - Resume
 - Cover Letter

UFV Package:

- UFV Application for Admission Form
- UFV Consent for Release of Information Form
- Immunization Form and Medical Release

NOTE:

Students are required to pay an application fee of \$52.72 due with the application package.

Student Fees:

Student paid fees will be shared with families upon acceptance to the program. We currently estimate these fees to be between \$300 - \$500. Financial assistance is available.

Only completed application packages will be processed.

Please Note:

The British Columbia Freedom of Information and Protection of Privacy Act provides that UFV may not release any information pertaining to student records, to anyone other than the student without the student's consent. UFV does not normally allow any person other than the student to conduct student related business.

Student Information

Legal Last Name:	
Legal First Name:	
Usual Last Name:	
Preferred First Name:	
Birth Date: (Day/Month/Year)	
Home Phone:	
Student Cell Phone:	
Student Personal Email:	
Home School:	
Grade:	

IMMIGRATION/CITIZENSHIP STATUS

International Student

Address Information

Street Address:	
City:	
Province:	
Postal Code:	
Mailing address: (if different)	

Specialized Programming

Have you had learning assistance or accommodations in middle or highschool? Yes No

ELL (English Language Learner) Yes No

Special Education: Program? _____ Yes No

I have an IEP (Individualized Education Plan) Yes No

****Students who are on an IEP will be required to meet with UFV Accessibility services before entering the program in Fall. ****

Student's Signature

Parent's Signature

Date

Date

Teacher Reference Form (to be completed by your teacher)

Student Name:		Current Grade:	
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This student wishes to apply to the University of the Fraser Valley as a student in the ECE Dual Credit Program. The student is expected to participate in university-level courses to complete credits for their chosen career program. Please help in the selection process by providing information for the following items and providing your brief comments as necessary. Thank you.

Please check each item as (4) Excellent (3) Good (2) Satisfactory (1) Needs Improvement	4	3	2	1
Punctual/ Attendance				
Enthusiastic and interested				
Initiative				
Responsible / Accountable				
Temperament / Personality / Accept Criticism				
Accurate / Able to follow instruction				
Able to work independently				
Dependable / Reliable				
Adaptable / Adjusts to new situations				
Able to get along with others				
Do you feel this student is adequately prepared and sincerely interested in a university level course?	Yes		No	
Do you feel this student is capable of successfully completing a university level course?	Yes		No	
Has this student received additional support during their Academic Education (i.e. IEO, learning assistance, other resources... etc.)	Yes		No	
Comments: 				

Completed by school district:

Name:		School:	
Position:		Phone/Email:	
Signature:		Date:	

School Reference Form (to be completed by your counsellor, vice-principal, or principal)

Student Name:		Current Grade:	
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This student wishes to apply to the University of the Fraser Valley as a student in the ECE Dual Credit Program. The student is expected to participate in university-level courses on campus at UFV. This program will provide dual credit to the student.

Please assist with the selection process by providing information for the following information items and providing your brief comments as necessary. Thank you.

	Please check each item as			
(4) Excellent (3) Good (2) Satisfactory (1) Needs Improvement	4	3	2	1
Punctual/ Attendance				
Enthusiastic and interested				
Initiative				
Responsible / Accountable				
Temperament / Personality / Accepts Criticism				
Accurate / Able to follow Instruction				
Able to work independently				
Dependable / Reliable				
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Able to get along with others				
Do you feel this student is adequately prepared and sincerely interested in a university level course?	Yes		No	
Do you feel this student is capable of successfully completing a university level course?	Yes		No	
Has this student received additional support during their academic education (i.e. IEO, learning assistance, other resources... etc.)	Yes		No	
Comments:				

Completed by school district:

Name:		School:	
Position:		Phone/Email:	
Signature:		Date:	

UFV APPLICATION FOR ADMISSION

Please complete this form in **dark blue or black ink**, sign and return to any Office of the Registrar along with the nonrefundable application processing fee.



Office of the Registrar

604.854.4501

Toll Free: 1.888.823.8734

Email: admissions@ufv.ca

Preferred start date <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter		Program of study <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Upgrading		
Year		Indicate specific program		
Study preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Have you ever applied to UFV? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		UFV student number (if known)		
Legal last name (family name)		Legal first name (in full)		Middle name (if applicable)
Former last name		Preferred first name		
Mailing address (street number, street)		City or town	Province or state	Country (if not Canada) Postal code
Primary phone		Cell phone	Email address	
Birthdate YYYY MM DD		Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Other (contact OReg)		<input type="checkbox"/> Permanent Resident/ Landed Immigrant
Gender Male Female Another gender identity		(OPTIONAL) Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		
Emergency contact name		Relationship	Phone number	

Secondary Education

BC personal education number (BC students, Grade 12 during or after 1990)		Submit a request for your BC high school transcript to be sent electronically to UFV through the BC Ministry of Education Student Transcripts at https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates		
High school name		City & province/state	Country	
Dates of attendance YYYY MM to YYYY MM		Graduation date (if applicable) YYYY MM	Highest grade completed (or in progress) <input type="checkbox"/> 7 or less <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> GED	

Post-secondary institutions attended (you MUST report all post-secondary institutions attended)

Name of institution		Name of institution		
Dates of attendance YYYY MM to YYYY MM		Dates of attendance YYYY MM to YYYY MM		
Location	Degree, diploma, or certificate received	Location	Degree, diploma, or certificate received	
Have you ever been suspended/expelled from any post-secondary institution and/or program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Declaration: Personal information collected by the University of the Fraser Valley ("UFV") is used for a variety of purposes, including but not limited to those detailed below. An individual's personal information will only be collected, used and disclosed in accordance with applicable legislation. By submitting this application for admission I understand the information provided on this application and placed in a student record will be used for the purposes of recruitment, admission, registration, record keeping, graduation, non-academic support services, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act. For more information, please visit <https://www.ufv.ca/informationprivacy>. Limited student personal information is provided to partner institutions, UFV student societies for voting and membership purposes and for the administration of student benefit plans. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government. All documents submitted to support this application for admission become the property of UFV and will not be returned.

If I am admitted to UFV, I agree to abide by the policies, procedures, rules, and regulations of the university.

Applicant's signature (required)

Date

Office Use Only

Application received
YYYY | MM | DD

Initials

Application processing fee

Method of payment

- Cash INTERAC Cheque Visa Mastercard American Express

Amount \$	Card number	Expiry date	Cardholder's signature
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Medical Form

Early Childhood Education Certificate

Office of the Registrar

Complete this form as part of your application.

604.854.4501
Toll Free: 1.888.823.8734
Fax: 604.853.0138
Email: admissions@ufv.ca

Student's Name	
UFV Student ID:	Date:

Health Care Provider

Your patient, _____, is training for employment in the field of licensed child care. Section 19(1)(e) of the Community Care and Assisted Living Act, CHILD CARE LICENSING REGULATION, requires that prior to such employment, an individual must provide the following:

"a statement signed by a medical practitioner indicating that the person is physically and psychologically capable of working with children and carrying out assigned duties in a community care facility."

Requirements

The "British Columbia Child Care Sector Competencies" & "Canadian Child Care Federation Occupational Standards For Child Care Practitioner" requires individuals in licensed child care to be the following:

- Physically capable of moving quickly:
 - around toys, activity centres, and playing children in order to assist children at risk
 - across a variety of terrains: i.e. pea gravel, wood chips
- Physically capable of getting down to a child's level quickly
- Physically capable of communicating information clearly and sensitively to families
- Capable of hearing and seeing children and psychologically capable of anticipating their needs and responding quickly and effectively

Based upon the information available to me, _____ (name of patient), appears to be mentally and physically fit to work with children in a child care facility.

Printed name of physician: _____

Signature of physician: _____

Date: _____

MEDICAL OFFICE STAMP

Immunization Record

Early Childhood Education Certificate

Complete this form as part of your application.

Student's Full Legal Name	
UFV Student Number	Date

Part A: To be completed by the student upon admission to the ECE Certificate Program

I have read the general immunization information for child care workers and to the best of my knowledge my current immunization status is as indicated below, for the listed recommended immunizations:

(Check YES or NO for each immunizations listed)

IMMUNIZATION	YES	NO	UNKNOWN	NO BOOSTER REQUIRED
Hepatitis A				
Hepatitis B				
Influenza				
Measles (MMR) Mumps (MMR)				
Meningococcal				
Poliomyelitis (OPV/IPV)				
Pertussis				
Rubella (MMR)				
Tetanus & Diphtheria				Date of last booster, if known:
Varicella				

Medical certificate/record of vaccinations attached: Yes No

Student Signature: _____ **Date:** _____

Part B: To be completed by the practicum placement

Student immunization status for the above recommended immunizations is:

_____ Complete (student has all recommended immunizations)

Medical certificate is on file: Yes _____ No _____ Not available _____

_____ Incomplete (if incomplete or unknown immunization status) check all that apply

_____ student encouraged to obtain missing immunizations

_____ student has obtained missing immunizations or boosters and provided verification

_____ facility's policy regarding accommodating students who are not immunized or incompletely immunized was reviewed with this student

Reviewed by: _____ Date: _____

CONSENT FOR RELEASE OF INFORMATION

This form is normally used when a student is away for a period of time or to provide access to a sponsoring agency.
This form is not to be used by law firms seeking a release of student records or for access to information requests.

Student's Full Legal Name: _____

UFV student number	Date of birth	Email Address
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I authorize the University of the Fraser Valley to release information to the following institution, agency or person:

Name: School District No. 78 - Representative

(To obtain information, an institution will be required to provide a request on official letterhead. An individual will be required to provide photo ID.)

I authorize the above named institution/agency/person access the following information:

Admission information

Academic status

Enrolment status

Grades

Registration information (including current registration status)

Student account information

Tuition and fee assessment

I authorize the above named institution/agency/person to perform the following transactions on my behalf:

Add/drop courses

Order transcripts/Enrolment letters

Other (specify) _____

This release is valid for a maximum of one year from the date of signature, or until:

Y Y Y Y | M M M | D D

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only in reference to support the release of information on a student record. If you have any questions about the collection and use of this information, contact the Enrolment Manager at 604-854-4501 or reginfo@ufv.ca

STUDENT'S SIGNATURE: _____

DATE: _____