

Early Childhood Education Assistant Certificate Program Application Package

Step #1 Submit application package to include:

- ☐ Application Form
- ☐ Student Self Evaluation Form
- ☐ Reference Forms (2)
- ☐ Character Reference Form (1)
- ☐ Diploma Verification Report and Attendance Profile (from Counsellor)
- ☐ Consent and Assumption of Responsibility
- ☐ Personal Information Consent – Secondary Form
- ☐ Acknowledgment of Program Fees
- ☐ Current Resume
- ☐ Criminal Record Check (to be completed after application has been approved).
- ☐ Langara Application

NOTE: Mandatory CPR Training to be offered last week of June.

Step #2 Forward package to:

District Career Coordinator
Learning Services
Educational Services Centre
2121 Lonsdale Avenue
North Vancouver, B.C. V7M 2K6

jkinakin@sd44.ca
careerpathways@sd44.ca

Step #3 Attend Interview.

Step #4 Wait for Letter of Acceptance into program or notice of wait-list or decline.

INTERNAL USE ONLY – To be completed by Career Program Advisor/Counsellor			
Student Name:			
School:			
CBIEP:	☐ Yes	☐ No	
Domestic Student:	☐ Yes	☐ No	
INTERNAL USE ONLY – To be completed by District Principal, Career Education			
☐ Accept	☐ Decline	☐ Waitlist	Date: _____ Signature: _____

Early Childhood Education Assistant Certificate Program Application Package

All application form fields are required to be completed. Please print clearly.

Legal First Name: _____	Legal Last Name: _____
Usual Name: _____	P.E.N.: _____
Address: _____	City, Postal Code: _____
Phone/Cell #: _____	Email address: _____
Citizenship: _____	Date of Birth: _____
School: _____	Grade: _____
Counsellor: _____	Career Program Advisor: _____

Parent/Guardian Name: _____	Email address: _____
Phone/Cell#: _____	Work #: _____
Address: _____	City, Postal Code: _____

I hereby give my son/daughter permission to participate in the **Early Childhood Education Assistant Certificate Program** through the North Vancouver School District and understand that transportation for this program is my responsibility.

Courses:

- a) Emergency Childcare First Aid Certificate with CPR – to be offered last week of June
- b) **Langara College**: ECED 1102: Child Growth and Development I – Blended Delivery (4 credits)
- c) **North Vancouver School District**: Work Experience 12A – Blended Delivery + 90 hours volunteer work

Parent/Guardian Signature: _____	Date : _____
Student Signature: _____	Date : _____
Administrator Signature: _____	Date : _____

Attach information as outlined on the Checklist.

Early Childhood Education Assistant Certificate Program Student Self-Evaluation

Student Name: _____ Date : _____

This program offers an opportunity to gain valuable experience in the community. You will be representing yourself, the school district and the program while participating in the Early Childhood Education Assistant Certificate Program.

By providing the following information about yourself and completing the written section on the second page, you will assist us in assessing your suitability for the program.

Please check the most appropriate frequency you demonstrate each of the following traits.

I demonstrate:	Always	Usually	Sometimes	Seldom	Not applicable
positive attitude and I'm enthusiastic to learn and participate	☐	☐	☐	☐	☐
willingness to take initiative	☐	☐	☐	☐	☐
ability to be cooperative and work well with others	☐	☐	☐	☐	☐
sensitivity and show consideration towards others	☐	☐	☐	☐	☐
honesty, and respect confidentiality	☐	☐	☐	☐	☐
attentiveness, and I am able to listen and follow directions	☐	☐	☐	☐	☐
ability to speak clearly and audibly	☐	☐	☐	☐	☐
appropriate questioning and can articulate thoughts, or ideas	☐	☐	☐	☐	☐
clear and concise writing with few errors	☐	☐	☐	☐	☐
ability to concentrate on tasks assigned	☐	☐	☐	☐	☐
ability to complete projects and assignments accurately and within time lines	☐	☐	☐	☐	☐
ability to work independently in online coursework	☐	☐	☐	☐	☐
ability to use the technology specific to the workplace	☐	☐	☐	☐	☐
understanding of appropriate dress and grooming for work and school	☐	☐	☐	☐	☐
ability to observe the program safety rules and regulations	☐	☐	☐	☐	☐
respect for, and abides by, company policies related to break times and hours of work	☐	☐	☐	☐	☐
excellent overall attitude	☐	☐	☐	☐	☐

Please answer the following questions:

1. Describe any experiences you have had working with children (e.g., babysitting, volunteering, tutoring).

Early Childhood Education Assistant Certificate Program Student Self-Evaluation

2. Why do you wish to take part in this program?

3. What qualities do you think are important for someone working with young children?

4. What skills do you possess that you believe will help you succeed in this program?

5. How do you handle stressful situations or conflicts, especially involving children?

6. What are your long-term career goals and how do you think this program will help you achieve your goals?

7. List any extracurricular activities, clubs, or organizations you are involved in, especially those related to education or child care.

8. Is there anything else you would like us to know about you that would support your application?

Early Childhood Education Assistant Certificate Program General Reference

Student Name: _____ Date : _____

This student has applied for the Early Childhood Education Assistant Certificate Program. This program will provide an extensive opportunity to explore career pathways related to working with young children.

Please assist in the selection process by providing the following information reflecting on the student's recent experience working with young children by giving frank comments that will assist in the placement of students who might benefit from such a program. **Please return to student in a sealed envelop or send to Jennifer Kinakin, District Career Coordinator - jkinakin@sd44.ca**

Please check the most appropriate frequency demonstrated by this student for each of the following traits.

This student demonstrates:	Always	Usually	Sometimes	Seldom	Not applicable
positive attitude and is enthusiastic to learn and participate	☐	☐	☐	☐	☐
willingness to take initiative	☐	☐	☐	☐	☐
ability to be cooperative and work well with others	☐	☐	☐	☐	☐
sensitivity and show consideration towards others	☐	☐	☐	☐	☐
honesty, and respect confidentiality	☐	☐	☐	☐	☐
attentiveness and is able to listen and follow directions	☐	☐	☐	☐	☐
ability to speak clearly and audibly	☐	☐	☐	☐	☐
appropriate questioning and can articulate thoughts, or ideas	☐	☐	☐	☐	☐
clear and concise writing with few errors	☐	☐	☐	☐	☐
ability to concentrate on tasks assigned	☐	☐	☐	☐	☐
ability to complete projects and assignments accurately and within time lines	☐	☐	☐	☐	☐
ability to work independently in online coursework	☐	☐	☐	☐	☐
ability to use the technology specific to the workplace	☐	☐	☐	☐	☐
understanding of appropriate dress and grooming for work and school	☐	☐	☐	☐	☐
ability to observe the program safety rules and regulations	☐	☐	☐	☐	☐
respect for, and abides by, company policies related to break times and hours of work	☐	☐	☐	☐	☐
excellent overall attitude	☐	☐	☐	☐	☐

Can this student be counted on to represent the school and school district favourably?

☐ Yes ☐ Possibly ☐ No

Early Childhood Education Assistant Certificate Program General Reference

Please comment on the student's overall suitability for this program. Feel free to comment on work ethic, responsibility, problem solving, adaptability, communication skills, reliability, integrity, etc.

[illegible]

Reference Completed by:

Name: _____ Email: _____

School: _____ Course: _____

How long have you known the applicant?

Signature: _____ Date : _____

Early Childhood Education Assistant Certificate Program Character Reference

Student Name: _____ Date : _____

This student has applied for the Early Childhood Education Assistant Certificate Program. This program will provide an extensive opportunity to explore career pathways related to working with young children.

Please assist in the selection process by providing the following information reflecting on the student's suitability working with young children by giving frank comments that will assist in the placement of students who might benefit from such a program. **Please return to student in a sealed envelop or send to Jennifer Kinakin, District Career Coordinator - jkinakin@sd44.ca**

Relationship and Duration - How long have you known the student, and in what capacity?

Personal Qualities:

a) Can you describe the student's personal qualities, such as their reliability, honesty, and integrity?

b) How does the student demonstrate empathy and compassion towards others?

Communication Skills - How would you rate the student's communication skills, both verbal and written?

Interpersonal Skills - Can you describe the student's ability to work as part of a team?

Early Childhood Education Assistant Certificate Program Character Reference

Experience with Children - Has the student had any experience working with children? If so, can you describe their interactions and effectiveness in those situations?

Work Ethic and Responsibility - Can you speak to the student's work ethic and sense of responsibility?

Problem-Solving and Adaptability - Can you provide an example of a time when the student demonstrated problem-solving skills or adaptability in a challenging situation?

Suitability for Early Childhood Education - What strengths do you think the student will bring to the program and the field?

Additional Comments

Is there anything else you would like to add about the student's character or suitability for the Early Childhood Education program?

Reference Completed by:

Name: _____

How long have you known the applicant? _____

Phone/Cell#: _____

Signature: _____

Date : _____

Early Childhood Education Assistant Certificate Program Consent and Assumption of Responsibility

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone/Cell#: _____

Email: _____

Consent and Assumption of Responsibility:

I, the undersigned parent/guardian of the above-named student, hereby give my consent for my child to participate in work experience activities organized by the North Vancouver School District. These activities will require my child to walk or take public transit to Early Childhood Education (ECE) facilities. I understand and agree to the following:

1. Transportation Responsibility:

- I assume full responsibility for my child's transportation to and from the work experience placements.
- I acknowledge that my child may need to walk or use public transit to reach their assigned placement locations.

2. Permission to Participate:

- I give permission for my child to participate in the work experience activities as described.
- I understand that these activities are designed to provide practical experience and learning opportunities in ECE.
- I understand that the course work requires my child to complete the online course between September and December and that my child will need to complete the Emergency Childcare First Aid certificate with CPR before the online program begins.

3. Safety and Conduct:

- I will ensure that my child understands and follows all safety guidelines and rules provided by the school and placement sites.
- I acknowledge that my child is expected to conduct themselves responsibly and respectfully during their work experience.

4. Liability Waiver:

- I release the North Vancouver School District, its staff, and associated placement sites from any liability for injuries or accidents that may occur during my child's participation in the work experience activities.

By signing below, I confirm that I have read and understood the information provided in this consent form and agree to the terms and conditions outlined above.

Signature: _____ Date : _____

Personal Information Consent for School District Publications – Secondary School Year: 2025-2026

The North Vancouver School District is committed to maintaining the privacy of students and collects, uses and discloses student personal information in accordance with the *Freedom of Information and Protection of Privacy Act* and the *British Columbia School Act*. The school district seeks consent for any collection, use or disclosure of personal information not authorized by this legislation.

From time to time, the school district engages with the community through social media, online channels, print publications, external media outlets and through the publication of yearbooks, class pictures (and other student memorabilia) and newsletters. The school district may do so for a variety of reasons, including for the purposes of promoting or increasing understanding about the school district's programs and activities, to inform and connect with families and the school community, to recognize and encourage the achievements of students and staff, to foster school spirit and unity, and to build community support for public education.

The school district is seeking your consent to collect, keep, use, edit, reproduce and share photographs, recordings, videos, images, work product and/or the name of the student identified below ("Student") or descriptions of their achievements (collectively the "Data and Images") to use on school or school district website(s) or social media sites, district publications, e-newsletters, yearbooks, posters or other print or digital material that may be shared within and outside the community for the purposes described above.

This consent only applies to the school district's own collection, use and disclosure of the Student's Data and Images. It does not apply to third parties or external media outlets who may create or collect images or student information without notice to or authorization from the school district. If you have concerns about the Student's potential exposure to such third parties or media outlets (e.g., on field trips or when attending school district events that are open to the public), please feel free to raise them with your school principal.

Student Information

Student Legal Name*: (First Name) _____ (Last Name) _____

MyEd BC Student #: _____

(Can be obtained by your school's office if you don't know. This is NOT the student PEN number.)

Informed Consent

For parents/legal guardians who have court orders describing their parental rights, this section should be completed by a parent/legal guardian who has the right to exercise the student's privacy protection rights.

Parent/Guardian Name*: (First Name) _____ (Last Name) _____

Please select one only: *

☐

I GIVE MY CONSENT for the school or school district to collect, keep, use, create, copy, modify, edit, transpose, publish, display and share the Student's Data and Images as described above. I understand images and information posted on the Internet may be stored and accessed outside Canada and subject to distribution and use beyond the control of the school or the school district. This consent is effective immediately.

☐

I DO NOT GIVE MY CONSENT to the use or disclosure of the Student's Data and Images for the purposes described above.

This consent may be withdrawn at any time by providing notice in writing to the Student's school. Consent cannot be withdrawn for any previously printed or published material. Unless withdrawn, this consent will remain in effect until September 30 of the next school year. If you do not complete and return this form, the Student's Data and Images will not be used for the above purposes.

Both the Parent/Guardian and Student should sign this form. However, under the *Freedom of Information and Protection of Privacy Act*, students of high school age are generally considered to have legal capacity to provide this consent on their own behalf. Therefore, in the event of inconsistency, the school district may be obliged to defer to the wishes of the Student.

Parent/Guardian Signature*: _____ Date (DD-MMM-YYYY): _____

Student Signature*: _____ Date (DD-MMM-YYYY): _____

Parent/Guardian Contact Information (for contact related to this notice):

Phone*: _____

Email* (Please Print Clearly): _____

Privacy Notice: All personal information collected by the school district is collected under the authority of section 26 of the *Freedom of Information and Protection of Privacy Act* and the *British Columbia School Act*. For further information about how the school district protects and manages personal information, please contact the Office of the Secretary Treasurer by phone 604.903.3444 or email secretarytreasurer@sd44.ca.

Early Childhood Education Assistant Certificate Program Acknowledgment of Fee Structure

Early Childhood Education Assistant Certificate	
Student Name:	
Post Secondary Program/Course	ECED 1102: Child Growth and Development I
Program/Course Start Date:	September
Program/Course End Date:	December
Post Secondary Institution	Langara College
Fees:	\$150.00

Upon admission to the **Early Childhood Education Assistant Certificate Program**, the North Vancouver School District will assume responsibility for the tuition cost of the program.

All other costs, including program and application fees, the costs for tools, equipment and other required learning resources and materials for participation in the program are the responsibility of the parent/guardian.

Please see Career Pathways 44 Website for updated fee information Career Pathways - [Career Pathways 44 \(sd44.ca\)](http://sd44.ca)

Transportation to and from the program location is the responsibility of the parent/guardian.

By signing below, I confirm that I have read and understood the fee structure and my responsibilities with regard to my child's enrollment in the Early Childhood Education Assistant Certificate Program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date : _____

Print Form

Application for Admission

FOR DOMESTIC STUDENTS

This form is for domestic students applying to programs at Langara College. International students must complete an international application. Applications for regular studies programs may also be submitted online. See www.langara.ca/apply for instructions.

IDENTIFICATION NUMBER

Langara Identification Number: _____
(Leave blank if you do not have one)

PEN Number (Personal Education Number): _____
(Required for BC Grade 12 students, leave blank if you do not have one)

PROGRAM

Please indicate the program you are applying for and the start month and year.

Program start dates vary, visit the program page at www.langara.ca or www.langara.ca/cs to learn more.

First choice program: _____ Start Date: _____

Second choice program: _____ Start Date: _____

PERSONAL INFORMATION

Legal names are shown on your birth certificate or passport (if you didn't legally change them later).

Legal first or given name: _____ Legal middle name: _____

Legal last or family name: _____ Former last or family name: _____

Preferred first name (optional): _____ Date of birth (YYYY/MM/DD): _____

Select your gender identity:

- ☐ Woman *(People whose current gender is woman. This includes cisgender and transgender people who are women.)*
- ☐ Man *(People whose current gender is man. This includes cisgender and transgender people who are men.)*
- ☐ Non-Binary *(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.)*
- ☐ Choose not to disclose.

Would you say you are:

- ☐ Cisgender *(People whose sex assigned at birth is the same as their gender.)*
- ☐ Transgender *(People whose sex assigned at birth is different from their gender.)*
- ☐ Choose not to disclose.

Country of citizenship: _____

Select status: ☐ Canadian Citizen ☐ Permanent Resident/Landed Immigrant ☐ Other: _____

SELF IDENTIFICATION

Do you identify yourself as an Indigenous person of Canada as defined by Section 35, Powley, or Daniels?

☐ Yes If yes (optional): ☐ First Nations ☐ Métis ☐ Inuit Community: _____

Do you expect to receive sponsorship from your band? ☐ Yes ☐ No Band: _____

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Application for Admission

FOR DOMESTIC STUDENTS

STUDENT CONTACT INFORMATION

Email address of applicant (Email is the primary form of communication from Langara): _____

Primary telephone: _____ Alternate telephone: _____

Mailing address

Street address line 1: _____ Street address line 2: _____

City: _____ Province/state: _____ Country: _____ Postal code: _____

Emergency contact name: _____ Emergency contact phone number: _____

ACADEMIC RECORD (SECONDARY AND POST-SECONDARY)

If required, include proof of English language proficiency, such as English tests results (TOEFL, IELTS, LET, etc.), with your application. For specific program requirements and supporting documents, check program webpage.

PREVIOUS SECONDARY AND POST-SECONDARY INSTITUTION(S)	PROVINCE/COUNTRY	CREDENTIAL EARNED	START DATE	DATE OF GRADUATION

ADDITIONAL INFORMATION

Do you expect to be sponsored by an external funding organization? ☐ Yes ☐ No

If yes (optional), name of sponsoring organization: _____

Contact person's name (optional): _____ Contact's email address: _____

I hereby authorize Langara to release admissions, registration, and tuition information to this organization. ☐ Yes ☐ No

Have you lived as a youth in care in British Columbia? This is a voluntary declaration. ☐ Yes ☐ No

Langara College and the Ministry of Children and Family Development may offer assistance with educational costs for eligible students who are living or have lived as youth in care in British Columbia. Funding is subject to availability. Information on how to apply, can be found online.

Would you like to request transfer credit for previously completed post-secondary coursework? Visit the transfer credit page on www.langara.ca to learn more and request transfer credit. ☐ Yes ☐ No

Do you wish to be contacted by an accessibility coordinator? Accessibility Services works with students with disabilities to arrange appropriate support services on a case-by-case basis. (Optional) ☐ Yes ☐ No

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Application for Admission

FOR DOMESTIC STUDENTS

COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

Langara College collects the information on this form under the authority of the College and Institute Act [RSBC 1996, Chapter 52, Section 41.1]. This information is needed, and will be used, for purposes that are consistent with activity necessary to the operation of the College and in compliance with the provisions of the Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 165]. This information will be used for admission, registration, and maintenance of your student record. Information is shared with College Advancement and the Langara Students' Union.

The personal information you provide on this form may be shared with the Ministry of Education and will be used to verify your British Columbia Personal Education Number (PEN) or assign one to you. The personal information you provide and your PEN are used for authorized statistical and research purposes only.

For questions about the collection, use and disclosure of your personal information, contact Registrar & Enrolment Services at 604.323.5241 or the Dean of Continuing Studies at 604.323.5322.

DECLARATION OF APPLICANT

- ☐ By submitting this form I certify that a) I am the person named in the "Personal Information" section above, or I am an agent acting on behalf of the applicant with their permission, b) I agree to the following:
- All statements on this application and supporting documents are true and complete.
 - I authorize Langara College to verify any information provided as part of this application.
 - I understand that evidence of falsified documents or misrepresentation will result in the cancellation of my admission or registration.
 - I understand that information about falsified documents is shared with other Canadian colleges and universities.
 - I understand and acknowledge that it is my responsibility to be aware of, and comply with, all Langara College policies and procedures.
 - In consideration of Langara College permitting me to participate in any program, I hereby release Langara College, its officers, employees, servants, agents, contractors, and subcontractors from any and all claims and waive any and all claims I may have now or in the future against Langara College, its officers, employees, servants, agents, contractors, and subcontractors that arise out of or are related in any way to my involvement in any program and all associated activities.
 - Admission is subject to assessment of qualifications and availability of seats. Admission to the College does not guarantee the availability of any individual course.

Print name: _____ Date: _____

APPLICATION CHECKLIST

- ☐ Complete application form
- ☐ Application fee (Note 1)
- ☐ Official transcripts and graduation document(s) with certified English translations
- ☐ Official score report of English language test, if applicable

Submit completed application form with supporting documents and correct fee:

- Online through <https://feeportal.langara.ca> (search for Domestic Application)
- In person, with cheque, debit, Visa, or MasterCard: Registrar & Enrolment Services (1st floor T building)
- By mail with cheque: Registrar & Enrolment Services, Langara College, 100 West 49th Ave, Vancouver, BC, V5Y2Z6

Note 1: The application fee is non-refundable. Please refer to Langara's refund policy regarding all other fees. Visit www.langara.ca to learn more.

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