

College of New Caledonia



Thank You for your interest in the Aboriginal Early Childhood Education certificate program (AECE). The program is open to full or part-time students. Students can take from one to all 15 courses in the first year. The program runs from September to July. There are opportunities for enrollment in September, January, and April. However, in the first year of the program, students seeking full time studies must apply to the September intake.

For the purpose of student selection in the fall semester, applications are due by August 14, 2009. Applications accepted after August 14th will be accepted on an individual basis right up to the start of the program. Acceptance letters will be issued by August 31, 2009. In order to hold your seat in the program, all fees are due August 31, 2009. For alternate payment arrangements please contact our admissions office at 1-877-997-4333.

It is important for students who self-identify as Aboriginal to state their ancestry when applying to the AECE program. Of the 20 seats in this program, 15 are reserved for self-identified Aboriginal students. Therefore, if you are of Aboriginal ancestry (Inuit, First Nations, or Métis), you are encouraged to state your ancestry. Proof of status is not required for students to self identify as Aboriginal.

The AECE program is open to applicants from all cultural backgrounds. Learners who are not already connected to an Aboriginal community will need to develop contacts within Aboriginal communities to complete their assignments. The AECE program was created to encourage Early Childhood Educators to function with due care as they practice their profession in urban and rural Aboriginal communities and to embrace the cultural roots of Aboriginal children in their care. Therefore, learners will have to be in regular contact with Aboriginal people and children. While the focus is on teaching young children in Aboriginal settings, students will also be prepared to work in mainstream programs.

Upon completion of the AECE program, learners will be eligible to start the licensing process in the Province of British Columbia to practice as Early Childhood Educators. More information regarding licensing requirements in the province of British Columbia can be found at:

<http://www.mcf.gov.bc.ca/childcare/ece/index.htm>

Entrance and Program Requirements

Students admitted into the Aboriginal Early Childhood Education program will require proficiency in English including reading, comprehension, vocabulary, and grammar. Our goal is to provide an accessible program where students will find success.

The entrance requirements for AECE are:

Successful completion of one of the following:

- Grade 12 (with English 12 with a minimum “C” grade) or
- ABE/CCP Advanced Certificate plus English 050 with a minimum “C” grade or
- GED certificate plus completion of an English assessment, administered by the college (students, whose assessments show difficulties in English, must participate in English upgrading before entering the program) or
- Mature Student Status plus completion of an English assessment, administered by the college (students, whose assessments show difficulties in English, must participate in English upgrading before entering the program).

Transferring Credits:

If you have taken ECE courses at another institution, you may be able to apply credits to the AECE program. At this time, credit transfer is done on an individual basis. Learners who want to have their credits reviewed for transfer should contact the AECE program coordinator Alice Winkel:

250-997-7200
1-877-997-4333

winkela@cnc.bc.ca

English Assessment:

For entrance into the AECE program, students without English 12 are required to write an English assessment. There will not be any assessment for math or other subject areas. We are using the Gates MacGinitie for our English assessment. The Gates MacGinitie includes two timed sections for vocabulary and comprehension. At the end of the assessment, you will be required to write

a timed essay. Essay topics may be chosen from the list provided with the assessment.

English assessments must be invigilated by an approved person. Some places that may oversee an assessment include other colleges, public schools, or libraries. Let us know if you have a hard time finding a place to write your assessment, and we will do our best to accommodate you.

You will be required to bring pens, pencils, white out, erasers, and lined paper to your assessment. Please do not bring a dictionary or thesaurus. If you will be faxing your assessment back to the college, please write your final essay in pen as it comes through the machine more clearly.

Program Requirements:

Students must provide documentation of successful completion of a First Aid course, accepted by the Provincial ECE Registry, before they begin the first practicum. The student's First Aid certification must remain valid for each practicum placement.

Documents certifying current immunization, TB screening, and a health examination are required. These must be on official College forms (supplied with acceptance), and must be submitted before the program starts.

Proof of application for a criminal record search must also be provided. CNC requires criminal record searches for those applying to program areas that involve working with children or other vulnerable persons. Applicants must undergo two searches, one through the RCMP and one through the Attorney General's Office. The cost is the students' responsibility. A search which identifies relevant criminal convictions may prevent students from entering into a practicum setting. Students who cannot complete the practicum components cannot graduate from the program.

<http://www.pssg.gov.bc.ca/criminal-records-review/forms/docs/consent.pdf> (Please check Schedule B on this form)

<http://www.rcmp-grc.gc.ca/form/3584-eng.pdf>

Technology: Since this program is offered in an online format, learners should have a working email account, high speed internet access, and a Microsoft office package. If you don't have Microsoft office 2007 on your computer, CNC offers this software at a reduced rate to students. Students will also need periodic access to a video camera as they will need to submit videos for some assignments.

Application Process:

Applying to the AECE program is easy. The application form can be found online at http://www.cnc.bc.ca/_shared/assets/Application_for_Admission76.pdf . Simply fill out the application form and submit it to us in one of the following ways:

- **In person:** Visit the Mackenzie Campus, 1st floor, Evergreen Mall, 540 Mackenzie Boulevard, Mackenzie, B.C.
- **By mail:** Send a cheque or money order payable to the College of New Caledonia, to
 - College of New Caledonia
 - Mackenzie Campus
 - Box 2110
 - Mackenzie, BC
 - V0J 2C0
- **By Phone:** Call us at (250) 997-7200 or 1-877-997-4333. Please have your Visa/MasterCard number and expiration ready.
- **By Fax:** Fax your completed application from to (250) 997-3779. Use your Visa or MasterCard. Please include your name as it appears on the credit card, your card number, expiration date, your signature, course name and course date. Please include return fax and telephone numbers as well as mailing address.

Please ensure that you have made arrangements with our office to write your English assessment, or have included your transcripts for grade 12 English as your grades are a requirement before we can consider your application as complete.

The application fee should accompany your application to the program.

**Aboriginal Early Childhood Education
2009/2010
Courses Tuitions**

AECE COURSES, FEES, CREDITS, AND HOURS

Application Fee is 15.00
 Registration fee is \$15.00 per trimester
 Technology fee is \$5.10 per course to a maximum of \$51.00 per year
 Placement testing is \$5.00
 Practicums I and II are \$408.00 each
 Practicum III is \$433.50
 Theory courses are \$382.50 each
 Total tuition is \$5839.50
 Textbooks 150.00 @12 = \$1836.00 (approx.)

| Trimester #1 | | | | | | |
|---------------------|--|----------------|----------------------|------------------|-------------------|-----------------|
| Course # | Course Name | Credits | Hours | | Start Date | End Date |
| | | | Lecture Hours | Lab Hours | | |
| | Online Learner Success | 0 | 15 | 0 | September 8 | September 18 |
| AECE 151 | Prenatal Infant and Toddler Development | 3 | 45 | 0 | September 21 | November 20 |
| AECE 154 | Guiding and Caring for Young Children | 3 | 45 | 0 | September 21 | November 20 |
| AECE 156 | Program Planning I | 3 | 45 | 0 | September 21 | November 20 |
| AECE 157 | Historical Perspectives in Early Childhood Education | 3 | 45 | 0 | September 21 | November 20 |
| AECE 190 | Practicum I | 4 | 9 | 120 | November 30 | December 18 |

| Trimester #2 | | | | | | |
|--------------|---|---------|---------------|-----------|------------|-------------|
| Course # | Course Name | Credits | Hours | | Start Date | End Date |
| | | | Lecture Hours | Lab Hours | | |
| | Online Learner Success | 0 | 15 | 0 | December 7 | December 18 |
| AECE 161 | Preschool and School-aged Child Development | 3 | 45 | 0 | January 4 | March 5 |
| AECE 164 | Professional Interactions | 3 | 45 | 0 | January 4 | March 5 |
| AECE 166 | Program Planning II | 3 | 45 | 0 | January 4 | March 5 |
| AECE 167 | Curriculum Development | 3 | 45 | 0 | January 4 | March 5 |
| AECE 191 | Practicum II | 4 | 9 | 120 | March 12 | April 1 |

| Trimester #3 | | | | | | |
|--------------|--|---------|---------------|-----------|------------|----------|
| Course # | Course Name | Credits | Hours | | Start Date | End Date |
| | | | Lecture Hours | Lab Hours | | |
| | Online Learner Success | 0 | 15 | 0 | March 22 | April 1 |
| AECE 170 | Observing and Recording Children's Behaviour | 3 | 45 | 0 | April 5 | June 4 |
| AECE 172 | Health Safety and Nutrition | 3 | 45 | 0 | April 5 | June 4 |
| AECE 175 | Language and Literature in Early Childhood Education | 3 | 45 | 0 | April 5 | June 4 |
| AECE 177 | Working with Families | 3 | 45 | 0 | April 5 | June 4 |
| AECE 192 | Practicum III | 6 | 12 | 200 | June 14 | July 19 |

RELEASE OF INFORMATION
TO THIRD PARTY

To: The College of New Caledonia
Mackenzie Campus

Student Name _____ Student No. _____

Birthdate _____

Program Name _____ Start/End date _____

This authorization will be valid to August 15, 2010 unless rescinded by the student.

Third Party Information

Name _____ Relationship _____

* * * * *

I, _____, give permission to the College of New
Caledonia to release information to _____

regarding the following:

- * Attendance
- * Programme Expenses/Subsidies
- * Programme Duration
- * Progress/Grades

Student's Signature

Date

College of New Caledonia



STUDENT IMMUNIZATION RECORD ABORIGINAL EARLY CHILDHOOD EDUCATION PROGRAM

DATE _____
NAME _____

STUDENT NUMBER _____
BIRTHDATE _____

Immunization must be completed prior to student entering Aboriginal ECE program

| Immunization | Date of Immunization | Criteria |
|---------------|----------------------|---|
| Diphtheria | | A recall dose if more than 10 years since previous Diph. |
| Tetanus | | A recall dose if more that 10 years since previous Tetanus |
| Poliomyelitis | | Provided basic series has been given , no further required |
| Measles | | Required if born after 1955 |
| Rubella | | One dose of live attenuated vaccine of HI Titre 1:32 or above, or absorbance value of 0.30 on ELISA test, or proof of previous immunization |

Tuberculin Screening: Have you been in contact with a T.B. Case? YES____ NO____

If YES, an assessment statement WILL BE REQUIRED from the Public Health Unit

.....

This is to certify that the above named candidate has been immunized as requested above.

(PROVINCIAL HEALTH UNIT STAMP REQUIRED)

Signature

Name of Agency

Address of Agency

College of New Caledonia



**ABORIGINAL EARLY CHILDHOOD EDUCATION
IMMUNIZATION INFORMATION**

The following immunizations should be up-to-date for students who are planning to be teachers of young children.

REQUIRED

Diphtheria & Tetanus

All students should have had a basic series of shots in childhood. A booster shot of Td should be given for those students who have not had a Tetanus or Diphtheria shot for 10 years, or who have missed the shot normally given at school in Grade 9.

Polio

All students should have had a basic series of Polio vaccine (four doses of OPV in childhood). Provided the basic series has been given no further Polio immunization is required.

Measles

Individuals without proof of measles immunity should be immunized. Acceptable proof of immunity is: a) documentation of live Measles vaccine immunization on or after the first birthday; or b) laboratory evidence of adequate Measles antibody; or c) birthrate before 1957, since such adults are very likely to have acquired immunity by natural infection.

Rubella

All female students should have had a shot against Rubella (given in infancy or Grade 5 at school). Male workers should also be immunized against Rubella. If a student is unsure of immunization status, a medical doctor can check immunity through blood testing.

Mumps

This immunization is optional, but is usually given with Measles and Rubella vaccine as MMR to all children on or soon after their first birthday.

**Further information on needed immunization(s) can be obtained from
your local Health Unit**

College of New Caledonia



ABORIGINAL EARLY CHILDHOOD EDUCATION HEALTH STATEMENT

Name: _____ Previous Name: _____
Student Number _____ Address _____



Personal Health History

Indicate by answering yes or no if you suffer from any of the following:

| Condition | Yes or No | Condition | Yes or No | Condition | Yes or No |
|----------------------|-----------|-----------------|-----------|----------------|-----------|
| Allergies | | Arthritis | | Asthma | |
| Back Injuries | | Bronchitis | | Deformities | |
| Diabetes | | Disabilities | | Eczema | |
| Epilepsy | | Frequent Colds | | Heart Disorder | |
| Psychiatric Problems | | Rheumatic Fever | | Skin Disorders | |
| Tuberculosis | | Varicose Veins | | | |

Please provide more information on any areas where you answered yes:

Please indicate any past accidents, hospitalizations, operations:

Please indicate any current or recurring health problems:

Please indicate if you are currently taking any medication or under medical treatment:

Please indicate if you have any physical or psychological problems which may interfere with your ability to function successfully in this program.

Date _____ **Applicant's Signature** _____



TO BE COMPLETED BY PHYSICIAN

I performed a physical examination on (Student's name) _____ on (Date) _____ at (Location) _____.

In my opinion there is no apparent physical or emotional/psychological reason why this candidate would be unsuitable for this program.

Date _____ **Physician's Name** _____

Physician's Signature: _____

College of New Caledonia Application for Admission

Prince George • Lakes District • Mackenzie • Nechako • Quesnel

For mailing addresses and contact information, please see reverse side of form.

Application Fee: \$15.00

| A. PERSONAL INFORMATION | | Please print | Complete application thoroughly |
|--|---|--|---|
| 1. CNC Student Number (if previously applied): | | | |
| 2. Last Name | First Name | Middle Name | |
| 3. Former Name (if applicable) | | | |
| 4. Mailing Address | City/Province | Postal Code | |
| 5. Local Address (if different from above) | City/Province | Postal Code | |
| 6. E-mail address: | | 7. Birthdate (Year/Month/Day) | |
| 8. Phone Number (home) () | Phone Number (alternate) () | 9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| B. Educational Goal | 1. Program applied for: | | 2. Intended Enrollment <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student |
| | 3. Preferred entry date: Year _____ <input type="checkbox"/> Fall (Sep–Dec) <input type="checkbox"/> Spring (Jan–Apr) <input type="checkbox"/> Intersession (May–Aug) | | 4. Location(s)/Campus: |
| C. Citizenship | 1. <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> International Student* | | |
| | 2. Country of Citizenship (if not Canadian) | *International Students must fill out a different application form: please contact your local campus. | |
| D. Emergency Contact Information | 1. Last Name | | First Name |
| | 2. Emergency Contact – Phone Number #1 () | 3. Emergency Contact – Phone Number #2 () | |
| E. Aboriginal Status | 1. If you have status, with which band are you currently registered? | | |
| | 2. Do you identify yourself as an Aboriginal person? (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No | If you would like more information regarding support services, contact First Nations Education Support Services at 250-562-2131, ext. 5460. | |
| | 3. If you identify yourself as an Aboriginal person, are you (may provide multiple responses): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit | | |
| F. Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have special need, disabling condition, or illness that may affect your learning or access to facilities, or for which you need assistance? This information will be used to plan the provision of support services. If yes, please contact Disability Support Services at 250-562-2131, ext. 5248 or 5250. | | |

G. Educational History (Official Transcripts are required for all institutions attended)

| | | |
|----------------------------------|----------|---|
| Last High School Attended | Location | BC Personal Education Number (PEN) |
|----------------------------------|----------|---|

Please indicate:

| | | | |
|--|--|------------------------------|---|
| Last Grade Completed: _____ | Your Last Date of Attendance : Year:_____ Month:_____ | School District No: _____ | High School Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow |
| If currently enrolled, expected graduation date: Year: _____ Month:_____ | | | |

Post-Secondary Institutions Attended:

| Name | Location | Date last Attended | Program |
|--|----------|--------------------|---------|
| 1. | | | |
| Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow | | | |
| 2. | | | |
| Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow | | | |
| 3. | | | |
| Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow | | | |
| 4. | | | |
| Transcripts: <input type="checkbox"/> enclosed <input type="checkbox"/> on file <input type="checkbox"/> to follow | | | |

Declaration

Collection of Information: The information on this form and all required admissions documentation is collected for the purpose of determining admission, registration, research, alumni and development, and statistical analysis. It is collected under the authority of the College and Institute Act and your privacy is protected under the Freedom of Information and Privacy Act limiting how your information may be used or disclosed. If you have any questions about the collection and use of your information contact the **Freedom of Information Coordinator, College of New Caledonia at 250-561-5828.**

All hard copied materials/information provided by you in support of your application to CNC become the property of the College and will not be returned to students. These materials/information may be destroyed in six months if you do not attend CNC, six months after successful completion of your program, or after two years of not attending courses at CNC.

Declaration: I declare that the information that I have provided in this application is complete and correct. Completion of this signed application permits the College to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the cancellation of admission or registration at the College of New Caledonia.

I understand the submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability.

If I am admitted to the College of New Caledonia, I agree to familiarize myself with and to abide by the most current policies of the College during my tenure as a student.

In addition, I agree as a condition of registration at the College of New Caledonia to pay all fees and charges as approved by the Board of Governors to the College as required by the deadlines posted by the College, and to pay any interest charges on any sum which becomes due and payable according to the payment procedures at the College of New Caledonia.

Signature: _____ Date: _____

| | | | | |
|--|--|--|--|--|
| College of New Caledonia 3330 22nd Avenue Prince George, BC V2N 1P8 Canada Phone 250-562-2131 or Toll-Free 1-800-371-8111 | College of New Caledonia Lakes District Campus 545 Highway 16 West Box 5000 Burns Lake, BC V0J 1E0 Canada Phone 250-692-1700 | College of New Caledonia Mackenzie Campus 540 Mackenzie Boulevard Box 2110 Mackenzie, BC V0J 2C0 Canada Phone 250-997-7200 | College of New Caledonia Nechako Campus 3231 Hospital Road Vanderhoof, BC V0J 3A2 Canada Phone 250-567-3200 | College of New Caledonia North Cariboo Community Campus 100 Campus Way Quesnel, BC V2J 7K1 Canada Phone 250-991-7500 |
|--|--|--|--|--|

| | |
|----------------------------|----------------------|
| For Office Use Only | Date received: _____ |
| Operator: _____ | Verified: _____ |
| CCP Test: _____ | Receipt #: _____ |
| EMAT Test: _____ | |