



# Childhood Studies Micro Credential Registration

Email completed forms to: [Student.Advisors@keyano.ca](mailto:Student.Advisors@keyano.ca)

## PERSONAL DATA

LAST NAME/SURNAME (LEGAL)		FIRST NAME/GIVEN NAME (LEGAL)	MIDDLE NAME (LEGAL)
FORMER/MAIDEN NAME		COMMONLY USED FIRST NAME	BIRTHDAY (MM/DD/YYYY)
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undefined <input type="checkbox"/> Unspecified		ALBERTA STUDENT ID NUMBER (IF KNOWN)	

Marital Status:     Single/Never Married     Married/Cohabitant     Other (Widow/Divorce)

Home Address			Mailing Address (If different from Home Address)		
STREET ADDRESS			STREET ADDRESS		
APT. NO.	CITY/TOWN		APT. NO.	CITY/TOWN	
PROVINCE	POSTAL CODE	COUNTRY	PROVINCE	POSTAL CODE	COUNTRY
EMAIL ADDRESS			TELEPHONE – HOME		TELEPHONE – CELL
EMERGENCY CONTACT – NAME		EMERGENCY CONTACT – TELEPHONE		RELATIONSHIP	

<b>CITIZENSHIP STATUS</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Status <input type="checkbox"/> Study Permit <input type="checkbox"/> Other/Work Visa	COUNTRY OF CITIZENSHIP (IF NOT A CANADIAN CITIZEN)	COUNTRY OF RESIDENCE (WHERE YOU ARE LIVING NOW)
	DATE OF ENTRY TO CANADA (FOR NON-CANADIAN CITIZENS)	FIRST LANGUAGE SPOKE (AND STILL UNDERSTOOD)

### Students with Disabilities

- I want to access learning supports because I have a disability or serious health concerns. I understand I will be contacted by the Accessibility Services Department to discuss my needs.

### Indigenous/Aboriginal Applicants

If you wish to declare that you are an Indigenous/Aboriginal person of Canada, specify: (See "Collection of Indigenous/Aboriginal Application Data" statement on reverse)

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Status Indian/First Nations     | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Non-Status Indian/First Nations | <input type="checkbox"/> Inuit |

To qualify you must have one of the following:

- o Please attach a letter from your employer indicating you have been an employed Educational Assistant / Early Learning & Child Care in the field for 2 years or more.
- o Please attach a letter from your employer indicating you were a previously employed Educational Assistant / Early Learning & Child Care person who worked in the childcare or school setting.
- o A student who has or is anticipated to graduate an Early Learning & Child Care or Educational Assistant certificate program and wish to continue their studies with three micro credential courses.

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.

**BADGES** Choose from one of the four BADGES below and select which course(s) you wish to take. Only courses currently being offered have a check box option. Please note, you must complete a minimum of three courses in an individual specialization or one course from each specialization to complete a badge.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> EXCEPTIONALITY SPECIALIZATION                  | <input type="checkbox"/> COMMUNICATION SPECIALIZATION                        | <input type="checkbox"/> SCHOOL-AGE SPECIALIZATION                               |
| CHSD 212: Exceptionality I<br>Brian/Cognitive                           | CHSD 223: Working with EAL Children<br>(Spr 2023)                            | CHSD 220: School-Age Care (Spr 2023)   |
| CHSD 213: Exceptionality II<br>Physical/Medical                         | CHSD 225: Working with Communication<br>Disorders (Spr 2023)                 | CHSD 218: Supporting Students with<br>Severe Emotional/Behavioural<br>Challenges |
| CHSD 214: Exceptionality III Introduction<br>to Communication Disorders | CHSD 224: Working with Children with<br>Autism Spectrum Disorders (Spr 2023) | CHSD 219: Supporting Students with<br>Mental Health Concerns                     |
| CHSD 215: Exceptionality IV Behavioural<br>Disorders (Spr 2023)         |  | CHSD 226: Fostering Diverse Learning<br>Environments (Spr 2023)                  |
|   |  | EA 217: Adolescents in the Classroom   |

BEST PRACTICES

Students who complete three courses can receive a badge for specialization. In addition, students who complete one course from each specialization will receive a Childhood Studies Best Practice Badge.

Students who complete one course from each specialization will receive a Childhood Studies Best Practices badge. Please indicate under the specialization(s) above, which course(s) you would like to register for.

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### STUDENT ADVISOR

Keyano College's Student Advisors can help you with information on credit programs, admission requirements, and program applications. Our team can also assist with course selection and registration as well as course and program transfers.

Email: [Student.Advisors@keyano.ca](mailto:Student.Advisors@keyano.ca)

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### PRIOR LEARNING ASSESSMENT REQUEST

Prior learning assessment and recognition defines processes that allow individuals to identify, document, have assessed and gain recognition for their prior learning. The learning may be formal, informal, non-formal, or experiential. The context of the learning is not key to the process as the focus is on the learning. PLAR processes can be undertaken for several purposes, including self-knowledge, credit or advanced standing at an academic institution, for employment, licensure, career planning or recruitment.

Prior to applying for PLA, students are encouraged to seek information from the Registrar, the Program Chair, and the instructor. Applications for PLA can be obtained from the college website ([www.keyano.ca/forms](http://www.keyano.ca/forms)) and completed applications should be submitted to the Office of the Registrar.

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### COLLECTION OF INDIGENOUS/ABORIGINAL APPLICATION DATA

Alberta Advanced Education is collecting this information pursuant to section 33 © of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness and develop policies, programs, and services to improve Indigenous/Aboriginal Learner success.

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Research, Analysis and Data Collection, Advanced Learning and Community Partnerships Division, Alberta Advanced Education, 10155 102 Street, Edmonton, AB, T5J 4L5, 780.422.4322 or your Institutions Registrar's Office.

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### FREEDOM OF INFORMATION & PROTECTION OF PRIVACY (FOIP) NOTIFICATION STATEMENT

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.

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### DECLARATION OF APPLICANT

I acknowledge the statements above and verify that all information contained on this form is true and complete. I agree to comply with the policies, rules and regulations of the college. I understand the use of the information that I have provided will be used in compliance with the FOIP legislation.

I understand that on the dates of the program I will have to provide proof of vaccination by showing a valid Alberta Health Services QR Code with photo identification, obtain and show a Campus Access Pass, obtain a pre-approved Medical or Religious Exemption, provide proof of a negative COVID-19 test result which was administered no earlier than 72 hours prior to attending (each and every time) on any Keyano campuses.

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SIGNATURE OF APPLICANT

DATE