



Archbishop Anthony Meagher Catholic Continuing Education Centre

Oshawa - 692 King Street E., Oshawa ON, L1H 1G5 Tel: (905) 438-0570 Fax: (905) 438-0571
Ajax - 458 Fairall St., Ajax, ON, L1S 1R6 Tel: (905) 683-7713 Fax: (905) 683-9436



Child Care Assistant Certificate Program Registration Form

AJAX CAMPUS (September 12, 2016 – Feb 3, 2017) OSHAWA CAMPUS (February 6 – June 20, 2017)

Please Print

Last Name: _____ First Name: _____
Legal Surname Legal Given mm / dd / yyyy

Your maiden OR previous last name: _____ Male OR Female Birth Date: ___ / ___ / ___

Street Address Apt. / Unit No. City Postal Code

Home Phone: _____ Cell: _____ Work Phone: _____

E-mail: _____ Country of Birth: _____

Province of Birth: _____ **YOU MUST PROVIDE PROOF OF CANADIAN CITIZENSHIP**

Citizenship Status: Canadian Citizen Permanent Canadian Resident Landed Immigrant
 Student Visa Other: _____

If not born in Canada, date of entry into Canada: _____
Year / Month / Day

First Language Spoken: English French Other: _____

EMERGENCY INFORMATION: Your Health Card # (OHIP): _____ • _____ • _____

List medical conditions that you have: _____

Person to contact in case of emergency: _____ (_____) _____
Phone number Relationship to student

PREVIOUS EDUCATION:

Have you been a student at Archbishop Anthony Meagher before? No Yes,

Day School Yes Correspondence Yes Adult Upgrading Yes

If yes to above have you earned credits at this site? Yes No

Are you currently attending another school, educational institution or program: Yes No

If "yes" Part time Full time where?: _____

LAST HIGH SCHOOL Attended: _____ City: _____ Year: _____

Official Ontario Student Transcript is required to register OR YEAR of OSSD Graduation: _____

OSSLT: Successfully completed Ontario Literacy Test? Yes, Year: _____ No N/A

Please check the highest level of education that you have attained:

I have completed: Grade 9 Grade 10 Grade 11 Grade 12 College University Other _____

WORK EXPERIENCE:

Do you currently work in the Health Care field? Yes No

Have you previously worked in this field? Yes No

If yes, where? _____ For how long? _____

Position: _____ Part time Full time

HEALTH CARE TRAINING:

List any health care related courses you have taken: _____

ADMITTANCE REQUIREMENTS:

- You must be 19 years of age or older
- Medical clearance from your doctor - Two step TB test
- Criminal Record/Vulnerability Check;
- Minimum score of 75% on literacy test or Completed Grade 11 College English
- Proof of Canadian Citizenship

SUBSIDIZED COST:

If you are receiving funds to participate in the Childcare Assistant Program, complete the following:

Organization: _____ Contact Person: _____

Business Phone #: () _____ Fax # () _____

PROGRAM COMMITMENT:

If admitted to this program, I understand that attendance and punctuality are mandatory for successful completion.

Archbishop Anthony Meagher C.C.E.C. reserves the right to decline an application if a student is not able to meet the health requirements or placement criteria for working in a child care facility. I acknowledge that I have read and understand the above conditions for placement.

Signature: _____ Date: _____

FULL NAME:(PRINT) _____

FOR OFFICE USE ONLY

Literacy Test Results: _____ OEN Number. _____

MATERIAL FEES: \$ 395.00

Cash/Debit/CC Payment: _____ Date: _____ Rec'd by: _____

Cash/Debit/CC Payment: _____ Date: _____ Rec'd by: _____

PAID IN FULL: _____

Date

Signature

Please note: Fees Associated with the Childcare Assistant Certificate Program

Included in the \$395 Fee:

- Registration Fee
- Book Deposit
- CPR/First Aid Certification
- WHMIS Certification
- Materials

A completed health form including completion of the following is the student's responsibility prior to the placement portion of the program:

- TB Test - **\$60.00** (paid to provider)
- Criminal Reference Check for Vulnerable Sector - **\$20.00** (paid to provider)