



**Early Childhood Education By Distributed Learning
Confirmation of Learner Status for Course Registration**

Please Note: This form must be completed and submitted to Student Services each semester of study.
All required fields must be completed or this form will not be accepted.

1. TO BE COMPLETED BY ALL LEARNERS

Name: _____ Phone (h): _____ Phone (w): _____ Phone (c): _____
 Email Address: _____ Student #: _____
 Semester: Fall Semester Winter Semester Intersession Year: 20__

2. TO BE COMPLETED IF LEARNER IS CURRENTLY WORKING IN A LICENSED CHILD CARE SERVICE

Employer Verification: (THIS SECTION MUST BE COMPLETED BY LEARNER'S EMPLOYER)

I, _____ verify that the applicant named above is working directly with children at _____ (Name of Licensed Child Care Service) which is located at _____ for a minimum of 15 hours per week. I verify that a current and clear
 Certified Criminal Records Check or Criminal Records Screening Certificate and a current and clear Vulnerable Sector Records Check for _____ (Name of Learner) is on file at the licensed child care service and are dated as follows:
 Certified Criminal Records Check (including Vulnerable Sector Records Check) date of issuance _____ or
 Criminal Records Screening Certificate (including Vulnerable Sector Records Check) date of issuance _____
 Signature: _____ Date: _____
 Position: Licensee Administrator
**CNA reserves the right to ask for these documents if deemed necessary.*

3. TO BE COMPLETED BY LEARNERS WHO ARE NOT CURRENTLY WORKING IN A LICENSED CHILD CARE SERVICE

Please complete either Section A OR B

SECTION A

I am enrolling in a course(s) that requires that I am working/volunteering directly with children in an approved early childhood setting for a minimum of 15 hours/week. (see College Calendar for courses that have a work/volunteer requirement).

I confirm that my clear Certified Criminal Records Check or Criminal Records Screening Certificate and Vulnerable Sector Records Check are current (dated within the last three years), and

I understand that if I have not enrolled in courses for six months or more and/or if I have been enrolled in the program for more than three years after the date of the initial application to the program, that I must submit a new current and clear Certified Criminal Records Check (including Vulnerable Sector Records Check) or a new clear Criminal Records Screening Certificate (including Vulnerable Sector Records Check).

The name of the setting in which I am working/volunteering is: _____
 Type of setting: _____ Location: _____

To be completed by volunteer supervisor/organizational representative

I, _____ (please print) verify that the above named individual is working/volunteering directly with children for a minimum of 15 hours per week during the time period indicated.
 Signature of Volunteer Supervisor/ Org. Rep: _____ Position: _____
 Contact Phone: _____ Date: _____

SECTION B

The course(s) in which I am enrolling in does not require me to be currently working/volunteering in an approved early childhood setting (see College Calendar for courses that have a work/volunteer requirement).

4. I understand that if my employment status changes, I am to inform the College and that this may affect course completion.
5. The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act, 1996 and the Access to Information and Protection of Privacy (ATIPP) Act. Questions regarding the collection of this personal information can be directed to the college's Registrar, College of the North Atlantic, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-0827, registrar@cna.nl.ca.

I confirm that I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Learner Signature: _____ Date: _____

Submit this form with course registration to: Early Childhood Education by Distributed Learning, Student Services, College of the North Atlantic
 P.O. Box 1693, St. John's, NL A1C 5P7 Fax: 709-758-7304 or hand deliver to the campus at 1 Prince Philip Drive, St. John's.