

PRIMARY TEACHER REGISTRATION FORM FOR REQUIRED PROFESSIONAL LEARNING

Association of Early Childhood Educators of Newfoundland and Labrador

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Section A – Applicant

First Name	Middle Name	Last Name
Street Address		
Mailing Address		
City/Town	Province NL	Postal Code
Home Telephone	Cell Phone	
Email Address		

Section B – Declaration and Signature

My signature below indicates:

- the information contained in this application is true and completed to the best of my knowledge.
- I understand that information submitted may be verified with granting organizations and that falsification of information or documentation will result in the cancellation of my application.
- I understand that the status of my application may be shared with Child Care Services Licensing personnel in the course of their work.
- I understand that completion of the Casual Caregiver Module and Early Childhood Learning Framework Workshop Series is:
 - required to be employed under the Primary Teacher Pilot Program.
 - non-transferable to orientation courses completed at a later date.
 - valid for one year from the date of completion; and,
 - not relevant to child care service certification.

Signature: _____ Date: (YYYY/MM/DD) _____

NOTE: This registration form is to access the professional learning required to be employed in the Primary Teacher Pilot Program, it is not the Primary Teacher Application Form.

OFFICE USE ONLY

Certified: <input type="checkbox"/> No <input type="checkbox"/> Yes – If Yes: (level/classification) _____	Date Received:
PSOC: _____ ECL Framework Series: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Received By: _____	
Login/Password sent: _____	