



Ph: 780.645.4455 Fx: 780.645-5215 www.bluequills.ca
Treaty Six Territory Box 279 St Paul Alberta Canada T0A3A0

Early Learning & Child Care Certificate

APPLICATION

Tansi,

Thank you for your interest in the Early Learning & Child Care Certificate Program at University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills

The program has evolved from best evidence and from the input of child care providers in Indigenous communities surrounding the college. With the success stories and challenges experienced by the people doing this very important work, the program was designed and enhanced, not only to meet the needs of child care workers in daycare centers but, will allow students to transfer their skills to a variety of child care settings.

The program components address; child development, planning and programming, relationships, practicum experience and related coursework in research and writing skills. Traditional Indigenous child care practices are central to the program. Elders will be invited to share teachings that are grounded in Indigenous culture and language. Various methods in language acquisition will be explored in an effort to encourage and support a revival in Indigenous languages.

THE APPLICATION PROCESS

The application process is detailed and will require the commitment of a significant amount of your personal time and effort. The completion of each of the components of this admission package is integral to ensuring that your application will be processed in an effective manner.

Applicants are encouraged to submit the following documents by **the funding deadlines of their sponsors**, although later submission can still be considered for admission in the fall.

- ✓ Blue Quills Admission Form
- ✓ Blue Quills Application Fee (\$100.00)
- ✓ Official High School Transcripts; (**Mandatory**)
- ✓ Official Post-secondary Transcripts, if applicable;
- ✓ Complete an Accuplacer Testing (Call the Librarian to arrange an appointment)
- ✓ Personal Statement; (Profile)
- ✓ Current Resume
- ✓ *Copies of Criminal Record Check & Child Check*
- ✓ Two letters of reference (one should be from the supervisor of your volunteer or work experience)



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PROGRAM APPLICATION CHECKLIST

I have:

- Filled out and submitted my Admission form _____
- Paid my application fee (\$100.00) _____
- *Ordered my Official High School Transcripts from Alberta Learning _____
(Forms may be obtained from the Registrar's office or on line:
<https://education.alberta.ca/transcripts/how-to-order/>
Please note* there is a \$10 fee –students are responsible for requesting
their transcripts and not the Registrar's Dept.)
- Ordered my Official Post-Secondary Education transcripts from all _____
post-secondary institutions that I have attended in the past
(order forms may be obtained from the Registrar's office)
- Completed Accuplacer Testing: _____
(**Submit BQ Application Form & Transcripts** then contact our Librarian)
- Attached a completed copy of my personal profile. _____
- Attached a current Criminal Record & Child Welfare Check _____
(These are available Police Services and Child Welfare Depts.
A fee may be charged for this service)
- Two letters of reference, _____
- Resume _____
- Personal interview completed with the Program _____
Lead (upon completion of the package).

*possession of a criminal record does not restrict applicants from admission to the program. The record will be assessed with respect to the nature of the offense(s), to explore life changes since these events were documented, and to encourage an applicant's commitment to seek pardon on criminal records. A criminal record **may** limit practicum placement and employment opportunities in the field of child care.

If you have any questions about the application procedure, please contact:

The Registrar

(780) 645-4455 or 1-888-645-4455/ e-mail: registrar@bluequills.ca

or mail completed package to:

University nuhelot'ine thaiyots'inistameyimâkanak BlueQuills,
Box 279, St. Paul, AB T0A 3A0



UNIVERSITY
nuhelol'ine thajyots'i nistameyimakanak
BLUE QUILLS

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APPLICATION PACKAGE

Personal Profile

Please answer each of the following questions in paragraph format:
(Double-spaced, word-processed responses are preferred)

1. Please describe your reasons for pursuing a career in child development.



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Application Package – Confirmation of Reference Requests

I have provided the following two individuals with a copy of the Reference Form and they have agreed to send the completed form to the attention of the Registrar at University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills by mail or fax.

Reference #1: _____

Organization _____

Position _____

Telephone _____

Reference # 2: _____

Organization _____

Position _____

Telephone _____

*Please note:
All reference letters must be received at the Registrar's office.*

Mail:

Registrar's Office
University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills
St. Paul, Alberta T0A 3A0

Fax: 780-645-4730
Telephone: 645-4455 or 1-888-645-4455



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Early Learning & Child Care Certificate Program

Application Package – Reference Form

Name of Applicant _____

Name of Reference _____

Organization _____

Position _____

Telephone _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

On a separate page, please respond to the following:

1. Please describe those skills that you believe the applicant possesses that will assist them in successfully completing a child development program. (For example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management)
2. Please describe in what ways you believe that the applicant is suited to the profession of child development.
3. Please comment, as applicable, upon the applicant's past or potential contributions to child development practice with Indigenous peoples.

Date: _____

Signature of person completing this form: _____

Please forward this reference to:

Registrar's Office
University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills
Box 279
St. Paul, Alberta T0A 3A0

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APPLICATION FOR ADMISSION

SPECIFY PROGRAM YOU ARE APPLYING FOR: _____

Program Start Date: Fall Year: _____ Winter Year: _____ Spring Year: _____ Full-time Part-time

Have you previously applied to or, attended University nuhelot'ine thaiyots'i nistameyimâkanak Blue Quills?

No Yes Program: _____ Year _____

PERSONAL INFORMATION

Name _____ Previous Surname (if Applicable): _____
First Middle Last

Gender: Male Female Other Date of Birth: ____/____/____ SIN # ____-____-____
month day year (Required)

Address _____ City _____ Prov. _____ Postal Code ____-____

Telephone _____ (Cell) _____ E-mail Address _____

Contact Person in case of Emergency: _____ Contact's Phone #: _____

Status: Treaty Non-Status Metis Other Band Name _____ Treaty/Metis # _____

FORMAL EDUCATION HISTORY

Name of High School (list most recent first)	Province/State/Country	Grade Completed	From mm/yyyy	To mm/yyyy

Name of Post-Secondary Institution	Province/State/Country	From mm/yyyy	To mm/yyyy	Diploma/Degree/Credential Earned	Date Conferred

FINANCIAL ASSISTANCE

MY TUITION WILL BE PAID BY: SELF SPONSOR

Sponsor's Name: _____

Address: _____ City: _____

Province: _____ Postal Code ____-____

Phone: _____ Fax: _____

Contact Person: _____ Ext: _____

(For Office Use Only)

BQ ID #:

Receipt #:

Cheque #:

NOTE:

Certified Cheque or Money Order should be made payable to "University nuhelot'ine thaiyots'i nistameyimâkanak Blue Quills". Fees must be paid at the time of registration. Sponsored students must provide proof of sponsorship when registering.

FEE ASSESSMENT (Non-refundable)

Application Fee \$100.00 Date Paid _____

Cash Certified Cheque E-transfer
 Money Order Credit Card

DECLARATION

The information I have provided is true and complete in all aspects. I understand that the personal information collected on this form will be maintained as part of a student record and will be used for the purpose of admission, registration, and for operating the programs and activities of the University. I further understand that the University will ensure the protection of personal information against such risks as unauthorized access, collection, use, disclosure or destruction.

Signature: _____ Date: _____