

ECE REQUIRED DOCUMENTATION

In order for students to complete the required assignments in ECE, they must have the following documentation. This documentation is time sensitive and must be renewed as required. Students will need to provide proof of the current documentation to the Seneca instructor by the third week of classes in order to carry out assignments needed in a child care facility.

A. Current Police Check

Students need to download the Police Reference Check for working with vulnerable persons from their regional Police jurisdiction e.g. York Region and submit according to the instructions at the website.

Except for the Toronto Region which requires a signed form.

Note**The Toronto form must be printed on legal size paper or it will be returned and it MUST be mailed****.** Hand delivered forms will not be accepted by City of Toronto Police.

Some regions require a letter from the College. If so, have the student contact the full time coordinator e.g. Ann Hersch to get this letter created and sent out. Students need to provide the mailing address, fax number, person to whom the letter is to be addressed if specific for the regional police.

B. Seneca Medical Form

This is a Seneca college requirement. This form must be current (within one year) and signed by a medical Dr. indicating that you are free of communicable disease. **Seneca students cannot access a child care centre without this completed medical form even if the centre does not require it.**

C. Current First Aid/CPR

Seneca CPR 911 is the required first aid/CPR. Please see the FCET calendar for dates and times offered.

If you choose to take the first aid/CPR at another facility it must be a Level C. Upon completion you will need to provide a copy of the certificate along with an Advanced Standing form to registration in order for it to be recorded as completed on your transcript.

D. Authorization to Release Information

Please e-mail Georgette.Bigelow@senecacollege.ca or Ann.Hersch@senecacollege.ca if you have any questions.

A. POLICE RECORD CHECK.

Pick up a pre-signed form with instructions for completion at the part-time studies office. PLEASE SEE SPECIFIC INSTRUCTIONS FOR METRO TORONTO POLICE ABOVE.

York Region Police: <http://www.police.york.on.ca>

Durham Police: http://www.drps.ca/internet_explorer/index.asp

Peel Police: <http://peelpolice.on.ca>

B. SENECA MEDICAL FORM

Seneca Medical Form: must be updated yearly. Students cannot attend a child care until this form is verified by the Seneca in-class instructor.

Faculty of Continuing Education & Training

Medical Certificate for Early Childhood Education and Related Programs

The purpose of our Early Childhood Education program is to prepare practitioners to provide a safe environment for infants and young children. Students provide physical care, emotional support, mental stimulation, and encouragement and support for the cognitive skills of the developing child.

The program requires students to participate in a variety of physical activities in classroom and field experiences. This medical certificate is a pre-requisite for admission into the program and required before commencement of field placement.

Surname Given Name Social Insurance Number (optional)

Address Postal Code Phone Number

Physician's Name Address

City Province Postal Code Phone Number

I, a legally qualified medical practitioner in the province of Ontario, have medically examined the above mentioned on this _____ day of _____ 20__ and

Certify:

a) **FREEDOM FROM COMMUNICABLE DISEASE:**
Tuberculin kin test: Date _____ Results: _____

Or

Chest X-Ray Date: _____ Results: _____
(if tuberculin positive)

Date of most recent booster: _____
(Diphtheria, Tetanus, & Polio) (Due every 10 years)

Rubella Status: MMR - Date of Immunization: _____

Or

Rubella- Date of Immunization: _____

Or

Rubella Titre Results: _____

b) **General Physical Conditions: (attach a sheet if needed).**

c) **Present Health Condition:**

d) **Present Medications:** _____

I have completed examined _____ today, and find this individual to be capable of full participation in the Early Childhood Education program.

Physician's Signature Date

D. AUTHORIZATION TO RELEASE INFORMATION

Please complete and return to the Seneca instructor:

Seneca College of Applied Arts and Technology
Faculty of Continuing Education and Training
Authorization to Release Information

In accordance with the Freedom of Information and Protection of Individual Privacy Act, I hereby authorize:

The Faculty of Continuing Education and Training to release information concerning my previous field placement to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and Training to release copies of my Health Record to agencies in which I may be placed for field placement experience.

The Faculty of Continuing Education and training to collect information concerning my field placement record from agencies in which I am placed for field placement.

Agencies in which I am placed for field placement to disclose information concerning my field placement record to the Faculty of Continuing Education and Training.

I understand that this authorization will remain in effect during my active enrolment in the

(Program Name)

Student Number

Name (please print)

Date

Signature