

# The Capital Region Career & Technical School Early Childhood Education Program

## Student Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/Town/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

### **Qualifications for the Early Childhood Education program include the following:**

- High school junior or senior academically on track.
- Communicates sincere interest in Early Childhood Education.
- Positive attendance and behavior patterns.
- Ability to work both independently and cooperatively.
- Good communication skills (i.e. speaking, listening, writing).

### **Requirements for consideration:**

1. Completion of this application.
2. Submission of high school transcript including grades of courses currently in progress.
3. Submission of a recommendation by a school official such as a guidance counselor, principal, teacher or administrator.
4. Most recent I.E.P. if applicable.
5. Selected students may be contacted for an interview to clarify their application.

### **Completed application should be sent to:**

The Capital Region Career & Technical School  
Career Center  
1015 Watervliet-Shaker Road  
Albany, NY 12205  
(518) 862-4816  
Fax (518) 862-4818

### **Home high school guidance counselor's approval:**

Counselor's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student's Name:**

**Program Applied For:**

1. Please indicate why you are interested in the Early Childhood Education program and how taking this class will contribute to your future ambitions and goals.

2. Please list all volunteer, work and/or extracurricular activities (with or without children). If you have had experiences with children, please describe in more detail below, using specific examples.

**Student's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Student's Name:  
Program Applied For:

**School Official's Recommendation/Discipline & Attendance Records**

Please rate this applicant in the following areas. Please keep in mind that the student will be compared with other capable students and if accepted into the program, will be working closely with young children and adults in a professional environment.

	Low					High	
	No basis to judge	1	2	3	4	5	6
Ability to get along with others							
Ability to work in a group							
Ability to work independently							
Academic ability							
Dependability							
Ease with adults							
Flexibility							
Maturity							
Self motivation							
Verbal skills							
Writing skills							
Organizational skills							

Type of **diploma** sought: \_\_\_ IEP      \_\_\_ Local      \_\_\_ Regents      \_\_\_ Adv. Regents  
Is the student receiving **special education** services? \_\_\_ Yes \_\_\_ No

Please indicate the number of absences this student has had to-date during this academic year:  
**# of absences:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

Please provide a narrative with supporting or clarifying information for any and all of the above areas. **Please include information about any disciplinary concerns.** Feel free to add material you feel would be helpful in evaluating this applicant.

**School Official's Name & Title** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_