



PERSONAL INFORMATION FORM

Early Childhood Care and Education Program

Name : _____ Date of birth : ___/___/___ Mother tongue: _____

Local Address :

Permanent Address :

Telephone # :

Telephone # :

* Please update change of address and phone number when necessary

In case of an emergency notify :

Name :

Telephone # :

Address :

Relationship to you :

Do you have any health problems that would interfere with your performance in the E.C.C.E. program ? Specify :

General Information

What work experience have you had with children?

Share with us your interests, special strengths, abilities, etc.

Would you feel comfortable working with children in French ?

yes

no

Other work experience ? :

Signature

Date