

**Continuing Education Program  
Course Pre-Registration Form for Fall 2018**

To qualify for the Continuing Education Program course reimbursement, each applicant must Pre-Register for the Continuing Education Program before enrolling for courses. Individuals interested in taking approved courses in 2018/19 must Pre-Register by **August 15, 2018 for the courses taken in the 2018 Fall semester. Important!** You must work at least 6 months prior to the start date of the course.

If the applicant takes courses without sending the Pre-Registration form, the courses may not be reimbursed. When a person completes a course an Application for Course Reimbursement will be required and a review will determine eligibility for reimbursement.

Section 1 – Contact Information				
Contact Name:			Email:	
Address:			Telephone:	
Street:	City/Town:	Postal Code:	Home:	Cell:

**Section 2 - Course Information**

**Please check the applicable boxes:**

- o Are you a current applicant (reimbursed for courses prior to June 30, 2016)?  
Yes  No
- o Are you a new applicant? Yes  No
- o Are you Level 1 Director? Yes  No
- o What is your current Level of Training? \_\_\_\_\_
- o Are you taking courses towards:
  - o Level 1  Exact Number of courses to be taken **only Sept. - Dec.** \_\_\_\_\_
  - o Level 2  Exact Number of courses to be taken **only Sept. - Dec.** \_\_\_\_\_
  - o Level 3  Exact Number of courses to be taken **only Sept. - Dec.** \_\_\_\_\_
  - o Early Childhood Administrator Continuing Education Certificate Course from Mount St. Vincent University \_\_\_\_\_
  - o Inclusion and Intervention Diploma from Jane Norman College \_\_\_\_\_

Name of the training institution where you are taking courses:

\_\_\_\_\_

**I, the undersigned, do hereby acknowledge that this form does not pre-approve reimbursement for the course but only to determine if the applicant is enrolled in the Continuing Education Program.**

Contact Signature

Date

**Section 3 - To be completed by the Department of Education and Early Childhood Development**

Applicant Enrolled:  Yes  
 No

**Coordinator, Early Childhood Education Signature and Date**

Signature

Print Name

Date

Should you require further information, please contact Kristina Creamer at (902) 424-5460 or e-mail at [Kristina.creamer@novascotia.ca](mailto:Kristina.creamer@novascotia.ca)

**Please complete the form and send to:**  
Coordinator, Family Home Day Care & Early Childhood Education  
Early Childhood Development Services, Early Years Branch  
Department of Education and Early Childhood Development  
PO Box 578 Halifax, NS B3J 2S9