

BRANCH AREA CAREERS CENTER
366 Morse Street, Coldwater, MI 49036
517-279-5750 (PHONE), 517-279-5711 (FAX)
PROGRAM REGISTRATION

EARLY EDUCATION

**UPON COMPLETION OF REGISTRATION:
ATTACH A COPY OF YOUR EDUCATION DEVELOPMENT PLAN, TRANSCRIPT AND
RETURN TO LOCAL HIGH SCHOOL COUNSELOR**

**REGISTRATION FORM WITH EDP AND TRANSCRIPT TO BE COMPLETED AND SUBMITTED
MAY 11TH, 2018
FAILURE TO DO SO WILL RESULT IN UN-ENROLLMENT.**

STUDENT INFORMATION

Student Name: _____
(First) (Middle in full) (Last)

Date of Birth: _____
(Month/Day/Year)

Present Address: _____
(Number and Street)

(City) (State) (Zip Code)

Telephone: _____
(Home) (Cell)

High School _____ Year of Graduation _____

CAREER-TECHNICAL EDUCATION

STATEMENT OF ASSURANCE OF COMPLIANCE WITH FEDERAL LAW

CTE programs comply with all Federal Laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of the CTE that no person on the basis of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, handicap, and/or any other legally protected characteristic shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. File grievance to the following: BISS Director of Career and Technical Education, Title VI/Title IX Age Discrimination Coordinator, BISS, 370 Morse St., Coldwater, MI 49036, (517) 279-5730 or BISS Director of Special Education, Section 504/ADA/Mich. Handicap Coordinator, Special Education Office, 200 Bishop Ave., Coldwater, MI 49036, (517) 279-5800.

STUDENT STATEMENT TO BE COMPLETED BY ALL APPLICANTS

Explain your career goals and why you think this program would be beneficial to you.

I understand that I am given an adult opportunity with adult behavior expectations. Failure to comply with all program expectations will result in consequences up to and including removal from the program.

Student Printed Name _____

Student Signature _____

Date: _____

Parent Printed Name _____

Parent Signature _____

Date: _____

SCHOOL RECOMMENDATION TO BE COMPLETED BY ALL APPLICANTS
To be completed by high school teacher, counselor or principal:

Please indicate why you would recommend this student for the Early Education Program:

Completed by:

Name (printed): _____ Position : _____

Signature: _____ Date: _____

TO BE COMPLETED BY EARLY EDUCATION APPLICANTS ONLY

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any representative of the Branch Area Careers Center Early Education Program at the Branch Area Careers Center, bearing this authorization, to obtain information from your files or other sources pertaining to my personal background.

I understand the following information is a requirement of the Michigan Department of Human Services Licensing Rules and Regulations (www.michigan.gov/michildcare) for any person working in a licensed preschool setting.

- ICHAT CLEARANCE (Criminal background check) DHS Rule: 400.8125
- Central Registry Clearance Department of Human Service (must provide a social security number) DHS Rule: 400.8125
- Signed Statement of Understanding regarding confidentiality /child abuse/neglect mandated reporting DHS Rule: 400.8125
- Negative Tuberculosis Test DHS Rule: 400.8128
- Good Moral Standards Statement based on DHS technical standards: DHS Rule: 400.8125
- Medical Clearance Statement for the purpose of determining the applicant’s suitability to provide or be associated with the care of children. DH Rule: BCAL 3704 – CC

Please mark appropriate box:

- No physical or mental condition or health problems exists that would limit the ability to provide care of children in a licensed setting
- A Physical/mental/health condition or health problem exists which would affect the ability to provide care of children in a licensed setting with or without reasonable accommodations. A medical release for the purpose of determining my suitability will need to be provided to be associated with the care of children/dependent adults.

Please read carefully:

I hereby authorize you to release such information upon request of the bearer. This authorization is executed with the full knowledge and understanding that this information is for official use only by the Branch Area Careers Center. Should there be any question of the validity of the authorization, you may contact me as indicated below:

Student Full Name: _____
(Printed)

Current Address: Street _____ City _____ Zip Code _____

Phone Number: (____) _____ - _____ (____) _____ - _____
(Home) (Cell)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Note: The release of information form MUST be signed by both the applicant AND the parent/guardian of the applicant. Information obtained through a background check can and will be used to determine the eligibility of the student for acceptance into the program.