



Early Childhood Certificate Program, 2008-2009
University of Minnesota
Center for Early Childhood Education

Registration Form

(A) Personal Information:

Name: _____

Address: _____

_____ S'pore: _____

Home Phone No.: _____ Handphone No.: _____

E-Mail Address: _____

Current Work Position: _____ Title: _____

Office Address: _____

Office Phone No.: _____ Fax: _____

(B) Education & Experience:

- Highest Qualification attained (please check the relevant box):
'O' Level ____, 'A' ____, Degree ____ or others (please specify): _____
- No. of years working in an early childhood program: _____
- What is the age range of the children currently enrolled in the early childhood program in which you are currently working? _____
- Are children with special needs currently enrolled in your school? ____Yes or ____No.
If yes, please specify the special needs of these children under your care: _____

(C) Please help us to fill up the following information:

- Please list any specific training you have received in Early Childhood Education eg. diplomas, workshops attended etc.

- **What are your professional goals related to early childhood education?**

- **What specific areas of early childhood education do you feel you need additional knowledge and skill?**

- **Additional Comments:**

Note:

(1) Submitting your application:

- Please submit completed registration form and mail it together with your check payment of **S\$2,675** (inclusive of GST) to:
Ms Kristy Tay
Center for American Education
12 Prince Edward Rd, #01-03, Podium A, Bestway Bldg, S'pore 079212
(*check should be written to: Center for American Education*)
- Please attach copies of all certificates/diplomas earned.

(2) For more information, please contact Kristy at postgrad@cae.edu.sg or call 6223-4566.