



ADMISSION APPLICATION

Applicants are considered without regard to race, creed, sex, age or religion

California College of Early Childhood Education
1670 S Amphlett Blvd, Suite 214-38
San Mateo CA 94402

PLEASE PRINT

Last Name _____ First _____ MI _____
Address _____ City _____ State _____ Zip Code _____
Date of Birth _____ SSN# _____ Email _____
Phone (Day) _____ Evening _____ Cell _____
Citizen / Permanent Residence _____ Yes _____ No Emergency Contact Number _____
If not, country of residence an immigrant status _____

EDUCATION

Did you graduate from High School? _____ Yes _____ No GED _____ Yes _____ No
Are you currently in High School? _____ Yes _____ No
High School _____ City, State _____ Graduation Date _____
College _____
City _____ State _____ Graduation Date _____

WORK EXPERIENCE

Employer _____
Address _____ City _____ State _____ Zip Code _____
Starting Date _____ Ending Date _____ Job Title _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Starting Date _____ Ending Date _____ Job Title _____
Have you be convicted of a felony within the last 5 years? Yes _____ No _____
If yes, please explain: _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if any statements are falsified on this application, those statements alone may be grounds for dismissal.

Signature _____ Date _____

Student Name _____ SSN: _____ - _____ - _____

Address: _____ City _____ State _____ Zip _____

By signing below, I certify that I have talked with an Admission counselor at California College of Early Childhood Education.

Signature: _____ Date: _____

CA College Official _____ Date: _____