

Change of Information Form

To complete this form, you must download and save a blank copy to your computer. Close your Internet browser and open the saved copy from your computer files. Now you may print off a hard copy or enter your information electronically.

Any changes made to your information must be reported to the College of Early Childhood Educators (the College) within 30 days of the effective date of change. Section 1 and Section 5 must be completed in all circumstances. Please see college-ece.ca/changeinformation for details.

Section 1: Member Information

Last name on file at the College

First name on file at the College

Registration number

Section 2: Changing Personal Information

New last name

Former last name

New first name

Former first name

New common name

Former common name

Note: If your name currently on file with the College has changed, you must provide proof of name change (see college-ece.ca/changeinformation).

For statistical purposes only

I identify my gender as Female Male

If neither term above applies to you, please check this box.

New home address

Street name & number

Effective date of new address

Unit #

R.R.

P.O. Box

City

Province/State

Postal Code

Country

New home telephone number (include area code)

New mobile telephone number (include area code)

Section 3: Changing Employment Information

New employment status

Not currently employed Casual Self-employed Part-time Full-time Retired

Other

Type of employment

Licensed Child Care (centre-based, home-based child care)

Unlicensed Child Care (unlicensed home-based child care, nanny, Care for Newcomer Children)

Family Support Programs (child and family resource centres)

Children's Services (special needs resourcing, developmental services, children's mental health, children's treatment centre, child welfare)

Education (public or private school, school board)

Pre-service or In-service (post-secondary institution, professional resource centre, professional training, consultant)

Government (First Nation, federal, provincial or municipal government, policy, licensing, administration)

Advocacy (professional association, union, network)

Other

Effective date of new place of employment

New place of employment

New business name

New business address

Street name & number

Unit #

R.R.

P.O. Box

City

Province/State

Postal Code

Country

New business telephone number (include area code)

New fax number (include area code)

New job title

Section 4: Changing Communications Preferences

Preferred mailing address for communications from the College

Home address Business address

Preferred e-mail address (please include an e-mail address that is accessed only by you in order to receive communications from the College):

Section 5: Signed Confirmation

By checking this box and typing or printing my name, I confirm that all the information in this Change of Information Form and related documents is true.

Member's Name

Date (please select)

Please review this form and ensure it is complete before submitting with supporting documents (if appropriate) in your package as per instructions at college-ece.ca/changeinformation