



Bachelor of Science in Early Childhood Education (BEC) Application

Student Contact Information

Student ID#	Last Name	First Name	MI	Term applying for
Street Address				Apt #
City	County	State	Zip	
Home Phone	Cell Phone	Email Address		

Education

Experience

College Name & Location	Major	Degree	If currently teaching, provide the name & location of the center/school	Age Group
College Name & Location	Major	Degree		

1. Have you ever pled guilty or were found guilty by a judge or jury to charges that you committed a crime other than minor traffic offenses (this includes pleading no contest, any juvenile offense, or any conviction under appeal)?
 Yes _____ No _____

2. I understand the Early Childhood Education, B.S. degree at FGC does not lead to teacher certification. I also understand that, if my career goal is to become a state-certified teacher, I must meet FLDOE requirements upon graduation, which may include additional education.
 Yes _____ No _____

3. I understand that the BEC program is NAEYC accredited. Because of this, I will be required to complete field experiences in various locations (childcare center, Head Start/Early Head Start, public school, & family child care).
 Yes _____ No _____

4. I understand that the BEC program is NAEYC accredited. Because of this, I will be required to complete field experiences with various age groups (infants/toddlers, preschool, & school-age).
 Yes _____ No _____

5. I understand that there are two internships. One must be with infants or toddlers (birth up to 36 months). The other must be with preschoolers (36 up to 60 months).
 Yes _____ No _____

I certify that all of the information contained in this application is true and correct. I understand that it is my responsibility to provide all necessary documentation to process this application. Further, I understand that submitting all required paperwork does not guarantee admission to the BEC program.

Signature: _____ Date: _____

Return the completed application by mail, fax, email, or in person to:

Florida Gateway College, Attn: Dr. Sharron Cuthbertson, 149 S.E. College Place, Lake City, Florida 32025
 Fax: (386) 754-4995 email: sharron.cuthbertson@fgc.edu In-person: Building 27, Room 13

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Accepted Pending Advisor _____ Date _____
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