

Years of Service Recognition

Eligibility:

- Years of Service working in Early Childhood Education: recipients must work in a licensed child care facility in Prince Edward Island, or on behalf of the early childhood sector. Recipient must have been in the field for a specific number of years (ie: 5, 10, 15, 20, 25, 30, 40, 45, 50) as of December 31st 2025.
- Workplace history: recipients must provide names of workplaces, years of service, contact person (see form attached).
- ECDA membership: recipient must be a current member of the Early Childhood Development Association of PEI.

Application Fee:

The fee for application is waived if the recipient attends the ECDA's ECE Week and Awards Celebration, taking place Saturday, February 7th from 7:00 PM – 10:00 PM. If the recipient is not planning to be in attendance of this event, an application fee of \$10 (taxes included) must be included with the form.

Application Deadline:

The deadline to submit applications for the Years of Service Recognition is January 30th, 2026.

Application Submission:

Submit nomination form (and nomination fee if applicable) in person or by mail to:

Early Childhood Development Association

161 St. Peters Road, Suite 127, Charlottetown, PE C1A 5P8

Or email a scanned copy of the nomination form with the subject line to info@ecdaofpei.ca. In the email, please indicate method of payment for nomination fee (or the intention to attend the event).

Years of Service Application Form

Name of Recipient: _____

ECDA Membership Number: _____

Current Workplace: _____

Job Title: _____

Certification Level: _____

University/College & Graduation Year (if applicable): _____

Years of Service in the Early Learning and Child Care Sector (check one):

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 5 years | <input type="checkbox"/> 20 years | <input type="checkbox"/> 30 years | <input type="checkbox"/> 50 years |
| <input type="checkbox"/> 10 years | <input type="checkbox"/> 25 years | <input type="checkbox"/> 40 years | |
| <input type="checkbox"/> 15 years | <input type="checkbox"/> 30 years | <input type="checkbox"/> 45 years | |

If applicable, Name of organization or individual recognizing the recipient: _____

Name of Workplace	Contact Name and Phone Number to Confirm Employment		Number of Years Employed
	Total Years of Service		