

Workshop Registration Form

(online registration at www.starnet.org)

Please register for trainings by placing an "X" in front of each. This is your formal registration. You will receive confirmation or a waiting list notice approximately three weeks prior to the training.

X	DATE	DAY	TITLE	LOCATION & TIMES
	6/7/10	M	Day Camp for Early Childhood Educators: Inside Out	Quincy/10:00am-2:00pm
	7/1/10	Th	Making Math Fun and Meaningful	Macomb/9:00am-3:00pm
	7/7/10	W	Using Boardmaker for Visual Supports	Macomb/9:00am-3:00pm
	7/7-8/10	WTh	Introduction and Implementation of the Creative Curriculum Preschool 4th Edition <i>(must attend both days)</i>	Bloomington/ 8:30am-3:30pm
	7/15-16/10	ThF	Introduction to the HighScope Approach	Rockford/8:30am-3:30pm
	7/28-29/10	WTh	Summer Camp for Early Childhood Educators: LET THE RUMPUS BEGIN! Wildly Wonderful Ways to Meet the Standards!	Springfield/ Day one: 9:00am-4:00pm Day two: 8:30am-3:00pm
	8/2-3/10 & 9/13/10	MT,M	Work Sampling System-Illinois (WSS-IL) - Level I <i>(must attend all three days)</i>	Peoria/ 8:30am-3:30pm
	8/10/10	T	An Evening with Barbara Doyle	Springfield/6:30pm-8:30pm
	8/11/10	W	Creating a Fresh Start with a Life-Time Focus this School Year	Springfield/9:00am-3:00pm
	8/13/10	F	Utilizing Complex Play to Nurture Knowledge	Champaign/ 8:30am-2:30pm
	8/30-31	MT	Using the HighScope COR (Child Observation Record) Method of Assessment	Champaign/ 8:30am-3:30pm
	9/10/10	F	Technology in the Classroom: It's More Than Computers!	Malta/9:00am-3:00pm
	9/15/10	W	Social Emotional Training Level I: Promoting Children's Success	Quincy/8:30am-3:30pm
	9/22/10	W	Transitioning Children from Early Intervention to Early Childhood	Quincy/9:00am-3:00pm

Name _____

Address below is my... home business (include business name)

Address _____

City _____ State _____ Zip _____

Home ph. _____ Business ph. _____

Email _____

District/Agency _____

I live in _____ county. I work in _____ county.

<p>Program Affil. (check one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Care <input type="checkbox"/> Community Preschool <input type="checkbox"/> Early Intervention <input type="checkbox"/> ECSE <input type="checkbox"/> Blended ECSE/Pre-K <input type="checkbox"/> Even Start <input type="checkbox"/> Head Start <input type="checkbox"/> K-3 <input type="checkbox"/> Model Parental Training <input type="checkbox"/> State Pre-K/Preschool for All <input type="checkbox"/> State Prevention Initiative <input type="checkbox"/> 1/2 Day ECSE / 1/2 Day Pre-K <input type="checkbox"/> Other _____ 	<p>Position (check one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrator <input type="checkbox"/> Develop. Specialist (EI) <input type="checkbox"/> Family Member <input type="checkbox"/> Family Educator <input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> OT/PT <input type="checkbox"/> Psychologist <input type="checkbox"/> Service Coordinator (EI) <input type="checkbox"/> SLP <input type="checkbox"/> Social Worker <input type="checkbox"/> Other _____
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Special accommodations needed (i.e., wheelchair accessible, special diet)? Please specify: _____

I give permission for STARNET to use photos/video taping that may include me to promote future trainings: _____ (initial)