

Fall 2011 – Summer 2012 Registration Form

PERSONAL INFORMATION (Please print legibly or type all the requested information to quicken the processing of your registration.)

Circle Title: Dr. Ms. Mrs. Mr.

Last Name	First Name (Formal)	Middle Initial	Maiden Name (if applicable)
Home Address		City	State Zip Code
()		()	
County	Home Telephone Number	Cell Phone Number	
Last 4 Digits of Social Security Number		Preferred Email Address	

EMPLOYMENT INFORMATION

School Name / District / Program Name	Position
School Address / Work Address	
City State Zip Code	
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County	Work Phone Number

Preferred mailing address: Home -or- Program/Work (please circle)

Please check your position:

- Administrator/Director
- Child Dev Specialist
- Coordinator
- Home Visitor
- OT/PT
- Parent/Family Educator
- Speech/Lang Pathologist
- School Psychologist
- Social Worker
- Teacher
- Teacher Aide/Para
- Other _____

Please check your program affiliation:

- Child Care
- Community Based Program
- Even Start
- EC Special Education
- Head Start
- Kindergarten
- Preschool for All/State Pre-K**
- Prevention Initiative (B-3)
- Parental Training (B-3) (3-5)
- Pre-K (3-5)
- State Funded Child Care/Community Based Program
- Other _____

All registrations need to be received no later than three weeks prior to the start date of each workshop.

Date(s)	♦ = Visit www.thecenterweb.org/ec for specific workshop/ webinar notes/ prerequisites Workshop/Webinar Title	Event ID	Location	
I-TEACHE				
1/11 & 1/18/2012	♦I-TEACHE (Illinois Tool for Early Childhood Excellence/Educators)	124131065	Webinar	
1/13/2012	♦I-TEACHE (Illinois Tool for Early Childhood Excellence/Educators)	124131066	Springfield ⁽⁷⁾	
1/19/2012	♦I-TEACHE (Illinois Tool for Early Childhood Excellence/Educators)	124131067	Arlington Hts	
1/23/2012	♦I-TEACHE: Using I-TEACHE with Various Assessment Systems	124131068	Webinar	
OFFICE USE ONLY	Comments:			

Duplicate as needed. Use one registration form per person. Trainings are free of charge. Notification of registration status will be emailed approximately two weeks prior to the training date. A confirmation email must be received in order to attend the training. Questions? Call us at (224) 366-8525.

I have read and agree to the registration terms and policies listed as related to all Early Childhood trainings. Please initial _____

We encourage you to register online at www.thecenterweb.org/ec or FAX form to (847) 278-5436

Early Childhood Professional Development, 2626 S. Clearbrook Dr., Arlington Heights, IL 60005

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