



# Region VII PITC Training

Modules I, II, III—March 30-April 1, 2010

Modules IV & V—June 23-24, 2010

Lied Lodge and Conference Center

Nebraska City, Nebraska

## Registration Information Packet

Region VII Head Start Association in partnership with the Nebraska State-Based TA Office presents “**An Introduction to the Program for Infant & Toddler Care (PITC)**” Training: Modules I-V. The training is offered over the course of two training session dates as indicated on page three of the registration packet. This training will provide participants an overview and orientation to the **Program for Infant & Toddler Care (PITC)** philosophy and is designed to provide attendees with an approach to delivering high quality care.

### Date(s):

March 30, 31 & April 1st: PITC Modules: I, II, III

June 23-24, 2010: PITC Modules: IV, V

### Session Overview:

#### Module I: Social-Emotional Growth and Socialization

- Social-Emotional Milestones
- Responsive Caregiving
- Temperament and Individual Differences in Group Care
- Meeting Children’s Emotional Needs
- Guidance and Discipline with Infants and Toddlers in Group Care

#### Module II: Group Care:

- Primary Care and Continuity of Care
- Group Size and Individualization of Care
- Setting Up Environments for Infants and Toddlers
- Daily Routines in Group Care Settings

#### Module III: Learning and Development:

- Cognitive Development and Learning
- Language Development and Communication
- Special Needs
- Culture, Language and Cognition
- Brain Development in Infancy

#### Module IV: Culture, Family, and Providers:

- Self Awareness and Cultural Perceptions
- Culturally Responsive Care
- Using the Process of Acknowledge, Ask and Adapt
- Culture and Early Identity Formation
- Creating Partnerships with Parents

#### Session/Module V: Beginning Together

- Increase participant comfort and competence in *relating to parents of children with special needs* and partnering with parents as co-presenters
- Expand and strengthen the participant’s knowledge of community resources and know how to link with appropriate specialists in the local area in order to provide collaborative training
- Demonstrate how to incorporate information about infants and toddlers with disabilities and other special needs into the existing PITC philosophy and training modules



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### Target Audience:

- Infant/Toddler Center Based Caregivers & Supervisors
- Individuals who supervise staff in both areas
- Early Head Start Home Visiting Staff

### Presenters:

Martha Nash, NE Early Childhood Training Center; Tammy Engbretson, PITC Trainer, Beth Walling MSE State Infant Toddler Specialist -- Iowa Head Start State-Based T/TA System, ZERO TO THREE

### Training Event Coordinators:

Mary Finney-Afrank, Nebraska Head Start State-Based Project Manager, Donna Veatch, Executive Director, Region VII Head Start Association

### College Credit/CEU Information:

Southeast Community College Confirmed for college credit. Additional college credit information pending regarding bachelor and/or graduate credit. All college registration and tuition fees are paid directly to the college and are not part of the training registration fee. More details to come!

### How to register?

Complete the attached registration form indicating session choices and submit to Region VII Head Start Association: 122 Teton Ridge • Lake Winnebago, MO 64734 • Ph: (816) 537-7801 • Fax: (816) 537-7802 • Email: [r7hsa@comcast.net](mailto:r7hsa@comcast.net) \$ Registration fees should be made payable to: Region VII Head Start Association. The registration fee is inclusive of all module training materials.

### Logistical information:

Training sessions will be conducted at the beautiful Lied Lodge and Conference Center located in Nebraska City, NE approximately 2 hours north of Kansas City, MO and 1 hour from Omaha, NE. The selected training location provides a setting conducive for this intensive training effort. Lodging is the responsibility of participants. Guest room rate: \$109.00 per person plus 12% tax per night. Reservations are the responsibility of the participant. Hotel contact information: (402) 873-8768. The hotel is located at: 2700 Sylvan Road • Nebraska City, NE 68410.



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### PARTICIPANT REGISTRATION FORM

Please note: registration confirmation will be sent to the address and/or email address as entered below

Full Name:				
		<i>Last</i>	<i>First</i>	<i>M.I.</i>
Title:				
Organization:				
Address:				
			<i>Street Address</i>	<i>Apartment/Unit #</i>
			<i>City</i>	<i>State</i>
			<i>ZIP Code</i>	
Phone:	( )	Fax::	( )	
E-mail Address: (print legibly)				
Special Needs:	Dietary Needs: <input type="checkbox"/> Vegetarian Meals <input type="checkbox"/> Other _____ <input type="checkbox"/> Additional assistance/accommodations (please attach a written description of your request to this form)			
Is the address listed above your current billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No   (If no, please complete the following information)				
<i>Billing Information</i>				
Organization:				
Address:				
			<i>Street Address</i>	<i>Apartment/Unit #</i>
			<i>City</i>	<i>State</i>
			<i>ZIP Code</i>	

**Cancellation Policy: Cancellations must be submitted in writing and will be assessed a \$45.00 administration fee.** Reimbursement payment will be made following the closure of the training. Substitutions will be accepted and should be submitted in writing by March 20th to guarantee a name badge change. **A \$25.00 processing fee will be assessed for each registration not paid in full on or before the actual registered event. Please indicate registration selection below:**

<input type="checkbox"/> Registration	Modules I-III only <b>(March 30, 31 &amp; April 1)</b>	Fee: \$349.00
<input type="checkbox"/> Registration	Modules IV-V only <b>(June 23 &amp; 24)</b>	Fee: \$289.00
<input type="checkbox"/> Registration	Modules I-V <b>(March and June sessions)</b>	Fee: \$539.00

Indicate payment method below.  
Make checks payable to Region VII Head Start Association

Total fee enclosed \$ \_\_\_\_\_

Method of Payment

- Check Enclosed # \_\_\_\_\_  
 Purchase Order # \_\_\_\_\_ (must be attached)

Return application and payment fees to:

*Region VII Head Start Association  
 122 Teton Ridge Drive  
 Lake Winnebago, MO 64034  
 Phone: 816-537-7801  
 Fax: 816-537-7802  
 Email: [R7HSA@comcast.net](mailto:R7HSA@comcast.net)*

Fee includes training materials, refreshment break each day and lunch on March 31<sup>st</sup> and June 24<sup>th</sup>

Date ____/____/____	Amount \$ _____	Check _____	PO# _____
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