



# Can I Play Too?



## Inclusive Child Care, Part 1 A Training Series for Early Childhood Professionals

## FREE TRAINING

If you have ever considered helping a family who has a child with special needs this session will give you insight into the lives of the children and families who handle special needs daily. You will discover how rewarding and enriching this experience can be not only for yourself but also for everyone in your care. **Completion of "The Basics of Child Care" is a prerequisite for this training. The series must be taken in sequence: Part 1, 2 and 3.** Each part is 16 hours.

**DATE:** Mondays, May 4, 11, 18, June 1 and 8, 2009

**TIME:** 6:00 – 9:30 pm

**LOCATION:** VerKuijen Building, Senior Auditorium  
21885 Dunham Rd.  
Clinton Twp., MI 48036

- TOPICS:**
- Then and Now: Why Inclusion?
  - Abilities First: Considering the Child with Special Needs
  - Working Together: A Focus on Families

Those who actively participate and complete **all 16 hours** will receive a certificate of completion and will have the opportunity to purchase 1.6 CEUs for a fee of \$6.00. **Partial certificates will not be given.** Training hours may be applied toward CDA, NAFCC and licensing requirements.

To register, complete the registration form and **return by April 27, 2009.** Mail to: Macomb MSU Extension-4C Office, Attn: Training Registration, VerKuijen Building, 21885 Dunham Road, Suite 12, Clinton Township, MI 48036 or **fax to 586-469-6992** or **register in person.** Phone registration will **NOT** be accepted. Space is limited; first come, first served. There is **NO CHARGE** for this training. You will be contacted to confirm your registration. A confirmed registration is a commitment to attend. **For more information call Sabina Turner at 586-469-5741 or 586-469-6993**

Keep the above information and return this portion by mail, fax or in person

## Inclusive Child Care, Part 1 - *Can I Play Too?* Mondays, May 4, 11, 18, June 1 and 8, 2009 \* VerKuijen Building, Senior Auditorium

- I have completed the 16-hour MSUE-4C Basic Training or equivalent.
- I have NOT completed the 16-hour MSUE-4C Basic Training or equivalent.

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E Mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Site & Phone \_\_\_\_\_

- I am a:  Family Day Care/Group Home Provider  Center Staff  DHS Relative/Child Care Aide  
 Potential Provider  Parent\*  Volunteer/Other Staff  
\*Limited slots available, first come, first served.

I give Macomb County/MSU Extension the absolute right and permission to use my photograph/name in it's promotional materials and publicity efforts. I understand that my photograph/name may be used in a publication, print ad, direct mail piece, electronic media or other form of promotion. I release Macomb County/MSU Extension service, the photographer, their officers, employees and agents from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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