



# CARING FOR INFANTS AND TODDLERS PART C

## FREE TRAINING



**A 16-hour Michigan Child Care Futures Project Infant and Toddler Training Series offered by MSUE-4C.**

**Class Prerequisite: Infant Toddler Part A.**

**DATES/TIME:** August 14<sup>th</sup> & 21<sup>st</sup>, 2009 8:00 am – 5:15 pm (both days)

**LOCATION:** VerKuilen Building, Assembly Room B, 21885 Dunham Road, and Clinton Township

**TOPICS:** • Learning & Development • Culture, Family & Provider Relationships

A certificate will be awarded to those who actively participate & complete **all 16 hours**. **Partial certificates will not be given.** For a \$6 fee on the **LAST** day of training 1.6 CEU's will be available to participants who actively participate & complete **all 16 hours** with no absences. Class size is limited and **pre-registration is required**. There is **NO CHARGE** for this training. You will be contacted to confirm your registration. A confirmed registration is a commitment to attend. **Registrations must be received by July 24, 2009.** To register for **Caring for Infants & Toddlers, Part C** complete the registration form below and mail it to:

Macomb MSU Extension – 4C Office, Attn: Training Registration, VerKuilen Building, 21885 Dunham Road, Suite 12, Clinton Township, MI 48036 or **fax it** to 586-469-6992 or **register in person**. **PHONE REGISTRATIONS WILL NOT BE ACCEPTED.**

Call Donna at 586-469-6993 if you have any questions.

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

*Caring For Infants & Toddlers, Part C*

August 14<sup>th</sup> & 21<sup>st</sup>, 2009

**VerKuilen Building, Assembly Room B**

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

Worksheet Name \_\_\_\_\_ Job Title \_\_\_\_\_

*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, and 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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