



Can I Play Too?



Inclusive Child Care II
A Training Series for Early Childhood Professionals
Prerequisite: Inclusive Child Care I

FREE TRAINING



Completion of "Inclusive Child Care, Part 1" is a prerequisite for this training. The series must be taken in sequence: Part 1, 2 and 3. Each part is 16 hours.

DATE: Fridays, June 12 & 19, 2009

TIME: 8:00 am —5:30 pm (Lunch is on your own)

LOCATION: VerKuilen Building- 21885 Dunham Rd. Ste 12 Clinton Twp., MI 48036 Assembly Rooms A & B

- TOPICS:**
- Supporting Children's Play
 - Planning and Teaching

Those who actively participate and complete **all 16 hours** will receive a certificate of completion. **Partial certificates will not be given.** Training hours may be applied toward CDA, NAFCC and licensing requirements. **Please bring your participant handbook received in Inclusive Child Care I.**

Inclusive Child Care II: A Training Series for Early Childhood Professionals is approved for 1.6 CEUs . **This is the second of three parts to be offered;** the complete training consists of Inclusive Child Care Training I, II and III totaling 48 hours of training and 4.8 CEUs.

To register, complete the registration form and **return by June 5, 2009.** Mail to: Macomb MSU Extension-4C Office, Attn: Training Registration, VerKuilen Building, 21885 Dunham Road, Suite 12, Clinton Township, MI 48036 or fax to 586-469-6992 or **register in person. PHONE REGISTRATIONS WILL NOT BE ACCEPTED.** Space is limited; first come, first served. There is **no charge** for this training. You will be confirm your registration. A confirmed registration is a commitment to attend.

Questions? Call Sabina Turner 586-493-5741

Keep the above information and return this portion by mail, fax or in person
Inclusive Child Care II - *Can I Play Too?*
June 12 & 19, 2009

I have completed the 16-hour Inclusive Child Care I and I would like to register for the MSU Extension 4C Inclusive Child Care II - *Can I Play Too?* training series. A copy of my Inclusive Child Care I certificate of completion is attached.

Name _____ Address _____ City _____
Zip _____ E Mail _____ Home Phone _____ Work 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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