



Preschool Enrichment Team

Educator and Provider Support
of Western Massachusetts

a program of



Region I Educator and Provider Support Presents:

Infant and Toddler Learning Guidelines

This training will help you gain knowledge to build relationships, provide developmentally appropriate experiences and offer intentional curriculum for infants and toddlers using the Department of Early Education and Care Early Learning Guidelines for Infants/Toddlers. You will gain an overall understanding of the Guidelines and utilize them to plan supportive activities that are child specific for children from birth to 3 years of age.

You will need to bring a copy of the Guidelines for Infant and Toddler Learning Experiences to the Professional Development training. We will be referencing this document throughout our training.

Date: Thursdays, February 28 and March 7, 2019

Location: Shriners Hospital, 516 Carew Street, Springfield

Time: 6:00 P.M. – 8:30 P.M.

Presenter: Liz Charland-Tait

Credits: 0.5 CEU, 5 EEC Training Hours

Audience: GCC, FCC who work with Infants and Toddlers

Cost: \$25.00

Core Competency: 5. Learning Environments and Implementing Curriculum

Category of Study: 2. Planning Programs and Environments for Young Children & 7. Infant and Toddler Development, Care, and Program Planning



This training is supported with funding from the Educator and Provider Support (EPS) grant, Department of Early Education and Care.

I/T Learning Guidelines – 2/28/19 & 3/7/19

Please **PRINT CLEARLY** and fill in **all information** – you will not be registered if form is incomplete.

One form per person.

Last Name: _____

First Name: _____ DOB: _____

Home Address: _____

City/State: _____ Zip: _____

Personal Phone: _____

Email: _____

Name of Program (If applicable): _____

MA EEC Program ID # (Not License #): _____

Position: _____

Work Phone: _____

EEC PQ Registry # _____

PQR # expiration date: _____

Please check type of program you work in (only one):

Family Child Care Infant/Toddler Preschool

School Age Public School Other

_____ This training is relevant to my Individualized Professional Development Plan (IPDP)

*Training must be relevant

Total amount enclosed: _____

Make checks payable: **Valley Opportunity Council**

Mail to: **Preschool Enrichment Team**

35 Mt. Carmel Avenue, Chicopee, MA 01013

Phone: 413-736-3900 Toll free: 877-478-7727

Fax: 877-635-0920

Register on-line:

www.preschoolenrichmentteam.org

Charge Accounts

() Am Express () Discover
() Master Card () Visa

Account Number _____

Expiration Date: _____ CVV2 #: _____

Billing Zip Code: _____

Signature (Name On Card) _____