



Preschool Enrichment Team

Educator and Provider Support
of Western Massachusetts

a program of



Region I Educator and Provider Support Presents:

WEBINAR - Working with Children with Special Diets, Food Allergies, and Specialized Feeding Issues

Food allergies affect 1 in 13 children in the United States, with young children being affected the most. Food allergies, food sensitivities and other feeding issues are an increasing concern for early education and care programs. Participants will be introduced to the health and safety needs of children with special dietary needs and ways to support these children and collaborate with families and health professionals. Participants will begin to develop their own individual health care plan for children with special diets, allergies, and specialized feeding issues in their program. This class will be taught in a webinar format, in two 2-hour live webinars with required homework assignments.

Date: Wednesdays, December 5 and 12, 2018

Location: Comfort of Your Own Home

Time: 6:00 P.M. – 8:30 P.M.

Presenter: Linda Schumacher

Credits: 0.5 CEU, 5 EEC Training Hours

Audience: GCC, FCC & OST

Cost: \$25.00

Core Competency: 1. Understanding the Growth and Development of Children and Youth

Category of Study: 6. Children with Special Needs, Birth – 16 Years & 8. Health and Safety in Early Childhood

Special Diets Webinar – 12/5/18 & 12/12/18

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)



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