



# Preschool Enrichment Team

Educator and Provider Support  
of Western Massachusetts

a program of



## Region I Educator and Provider Support Presents:

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

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.

**QRIS Alignment:** Safe, Healthy, Indoor and Outdoor Environments

**Dates:** Mondays, April 3 & 10, 2017

**Location:** The comfort of your own home

**Time:** 6:30 P.M. - 8:30 P.M.

**Presenter:** Linda Schumacher

**Credits:** .5 CEU, 5 EEC Training Hours

**Audience:** GCC, FCC & OST

**Cost:** \$25.00

**Core Competency:** 1. Understanding 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



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

### WEBINAR – Working with Children with Special Diets April 3, 2017

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):

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Infant/Toddler | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> School Age        | <input type="checkbox"/> Public School  | <input type="checkbox"/> Other     |

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

\*Training must be relevant

Are you pursuing: (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> HiSet (GED) / ESOL | <input type="checkbox"/> College Degree    |
| <input type="checkbox"/> CDA                | <input type="checkbox"/> EEC Certification |

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](http://www.preschoolenrichmentteam.org)

#### Charge Accounts

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Am Express  | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Master Card | <input type="checkbox"/> Visa     |

\_\_\_\_\_  
Account Number

Expiration Date: \_\_\_\_\_ CVV2 #: \_\_\_\_\_

\_\_\_\_\_  
Signature