

## Early Childhood Education Associates Professional Development

**Return Enrollment to FAX: 928-225-3868**

Name: \_\_\_\_\_ Reg ID# required/ a **must!** \_\_\_\_\_ Lattice \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip  
code \_\_\_\_\_

Text Phone Number \_\_\_\_\_ Email Checked Often: \_\_\_\_\_

Check all levels of education completed: H. S. Diploma \_\_\_\_\_ GED \_\_\_\_\_ CDA \_\_\_\_\_ AA \_\_\_\_\_ BA \_\_\_\_\_ MA \_\_\_\_\_

Employer: \_\_\_\_\_ Position /Ages of children \_\_\_\_\_

- **16 hr. Cohorts, please return paper form. ECEd will put the SERIES into the Registry.)**

**16 hr. Series Cohort: \_\_\_\_\_ Success with Parents; 8 hrs. in 4 sessions: \_\_\_\_\_ Individualized Behavior Plans**

\_\_\_\_\_ CDA Credential Support: **120** “clock-hour” pre-requisite \_\_\_\_\_ Leaders Excellence Support Cohort

**10 Hour Strategies Courses:** \_\_\_ Cognitive; \_\_\_ Social/Emotional; \_\_\_ Physical Developmental  
\_\_\_ Observation \_\_\_ Environment; \_\_\_ Family Engagement; \_\_\_ Curriculum \_\_\_ Professionalism

**4 Hours: New 4<sup>th</sup> Edition AZELS Standard Strands (Saturday Morning Make, Take and Use For Preschool)**  
**See Location Schedule for Options:**

**Science:** \_\_\_ Explorations/Observations; \_\_\_ Investigations/Experiments; \_\_\_ Inquiry & Application

**Math:** \_\_\_ Count/Compare Quantity; \_\_\_ Adding/ Subtracting; \_\_\_ Categories/ Data; \_\_\_ Shapes/Patterns/Properties

**\*Language Development Project: 12 months to 36 months is available to full staff enrollments: Call Margee**

**Course Enrollment:** [www.azregistry.org](http://www.azregistry.org): Login; Click **Find Training Event** on far left: **Search Category** drop down-Click **Instructor Name** (See city schedule or email for name); **Include**-click **Classroom Only**; click **Search-  
\*For 16-hour Cohorts, return this form. Cohort 16-hour sections are hand entered and not published online. This prevents complications later in the Registry system. All hours will show on your Registry Report. Certificate for % completion. Initial and Please Note in order to process!**

\_\_\_\_\_ **I have the schedule and will commit to attend the classes I sign up for. I will not withdraw a few days or day before.**

\_\_\_\_\_ **Withdrawing from the Registry is unfair to others due to the large amount of planning required for the seats that are taken. Also, vacated seats cannot easily be filled on short notice by others who would have liked the seat but were waitlisted.**

\_\_\_\_\_ **All the courses above require technical assistance stated in Standards of Practice from First Things First. Technical Assistance will be individualized based on the professional goals of the early care/education professional. I agree to review and adhere to the required technical assistance guidelines and create/or update a Registry Lattice Level.**

\_\_\_\_\_ **As the course participant, I am fully responsible and liable for the safety and wellbeing of myself and the children in my care. ECEA instructors conducting technical assistance onsite assume no liability for children or adults. ECEA is present strictly for consulting purposes based on professional development course content.**

\_\_\_\_\_ **ECEdA assumes the right to discontinue services in the event of unprofessional or culturally biased conduct.**

\_\_\_\_\_ **I grant permission to ECEd Associates to release my picture, background, service, and impact related information to the Arizona Early Childhood Development and Health Board, also known as First Things First, which is funding this service or program.**

\_\_\_\_\_ I agree to attend all the seminars I enroll. **\*Prior No Shows will lead to future withdrawal when waitlists develop.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

2265 Fisherman Dr. Lake Havasu City, AZ 86404, [margee@ECEDassociates.com](mailto:margee@ECEDassociates.com); Scan or fax Cohorts to (928)225-3868