

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 _____

***PLEASE MARK: I WOULD LIKE A CDA clock hour review: YES _____ NO _____**

Monthly On REGISTRY: LIVE ZOOM “ONE Hour” Behavior Solutions with Dr. Steffen Saifer!
Author of Practical Solutions for Practically Every Problem Twice monthly! 16 HOT topics!
LIVE Saturday morning OR Replay Wednesday Sessions for your convenience. Pre-register on form.

____ LEADERS Cohort Examining Excellence with NAEYC

8 hrs.: Behavior Plans ____ **Fall** ____ **Spring 16 hrs.:** ____ **CDA Support: 120 “clock-hour” pre-requisite**

10 Hour Strategies Courses: ____ Cognitive; ____ Social/Emotional; ____ Observation; ____ Environment;
 ____ Family Engagement; ____ Curriculum; ____ Professionalism

3 Hours: New 4th Edition AZELS Standard Strands (Saturday Morning Take and Use for Preschool)

See Location Schedule for Options:

Social/Emotional : ____ Self-Awareness; ____ Expressing Feelings; ____ Self-Regulation; ____ Social Interactions
Approaches to Learning: ____ Reasoning; ____ Initiative & Curiosity; ____ Attentiveness & Persistence

Course Enrollment: 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!**

*** All hours will show on your Registry Report. Certificate for % completion.**

Initial and Please Note 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 _____