



**2018 KY READY FOR SCHOOL
EARLY CARE IN EDUCATION TRAININGS
OLDHAM COUNTY COMMUNITY
EARLY CHILDHOOD COUNCIL**

ALL PROGRAMS WELCOME

Saturday, Jun 9th, 2018

Oldham County Health Department, 1786 Commerce Parkway, LaGrange, KY 40031
(Enter the doors under the Portico Door on the right side of the building)

DATE	TRAINING/TITLE	HRS
9:00a-12:00p	<p>Ages & Stages Questionnaire-3rd Edition-ASQ-3</p> <p>Join us for a basic overview on how to use the ASQ-3 screening tool. We will go over the purpose of a developmental screening and the features. Then dive into how to introduce the screening to your families, how to administer, score and interpret the results.</p>	3
12:30p-3:30p	<p>Families Our Partners</p> <p>When parents and teacher work together to help a child achieve his or her childhood milestones, it creates a safe environment in which to grow and learn. Learning how to engage parents with a hands-on approach is the best way to engage children in your care achieve their full potential in their social and cognition development.</p>	3

These discounted trainings are funded in part by grant funds the Council receives from the GOEC.

REGISTRATON:

SINGLE CLASS: 3 hours of credentialed training

\$15 for ALL STAR programs,

\$20 for Non ALL STAR

(Provide certificate with registration)

BOTH Classes: 6 hours of credentialed training

\$25 for ALL STAR programs,

\$30 for Non ALL STAR

(Provide certificate with registration)

- * **Walk Ins** will NOT be permitted in trainings.
- * No spots will be held without payment.
- * Cash, Check or Purchase orders
- * **Substitutions** are permitted by participants.
- * **Refunds** must be requested 3 days prior to the day of the training through e-mail or phone.

QUESTIONS: Call Christi Leonard, 502-744-6884 KyReady4school@gmail.com

2018 Oldham County Community Early Childhood Council

Mail Payment & Registration:

Early Childhood Council, Inc, Attn: Christi Leonard, 3901 Yellow Brick Road, Fisherville, KY 40023

Childcare Center/Program _____ Director: _____

Address: _____ Phone: _____

Email: _____

Participant Name	Class (Circle One)	Payment Enclosed
	AM PM Both	
	AM PM Both	
	AM PM Both	
	AM PM Both	
	AM PM Both	

(Amount enclosed \$ _____ *(Checks made out to Early Childhood Council)*)

Copy of Current ALL STAR Certificate MUST be enclosed for discount registrations