

Palm Beach County Early Childhood Registry Training Agency Application

Agency Name:

Executive Director:

Training Coordinator/Contact:

Address:

City:

State:

Zip:

County:

Phone:

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Fax:

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Contact E-mail:

Agency Web Address:

Type of Agency:

- College, university or other professional development organization
- Early Intervention or Special Education program
- Health Services program
- Head Start, Full Start or Early Head Start
- School-age out-of-school program
- Public, private or charter school serving infants through age eight
- Resource and referral
- High school child development or teen parent program
- Family child care organization
- FL state agency
- Other program related to early care and education for children 0-8

Languages in which your agency can provide training:

- English
- Spanish
- Creole
- French
- Portuguese
- Kanjobal
- Other: _____

Your agency provides training related to which of the following age groups?:

- Infants
- Toddlers
- Preschool
- School Age

Content/Core Knowledge Areas: Please check all areas in which your agency provides training.

- Child Growth, Development & Learning
- Learning Environment
- Observation & Assessment
- Adult-Child Interaction/Guidance
- Program Structure/Curriculum
- Health, Safety & Nutrition
- Early Literacy
- Special Needs/Inclusion

- Family & Community Relationships
- Diversity
- Professionalism
- Administration/Management
- Environment Rating Scales
- Developmentally Appropriate Activities
- CPR/ First Aid
- Child Abuse & Neglect
- Other: _____

DCF Trainings/Certifications:

- 30-hour Intro to Family Child Care
- 30-hour Intro to Child Care (center-based)
- 10-hour Infant-Toddler Appropriate Practices
- 10-hour Preschool Appropriate Practices
- 10-hour Special Needs Appropriate Practices
- 10-hour School-Age Appropriate Practices
- 5-hour Early Literacy in Child Care
- 3-Hour Fundamentals in Child Care
- 6-hour Train-the-Trainer
- Child Development Associate (CDA)

Please list any other specialized trainings your agency currently provides:

1. _____
2. _____
3. _____
4. _____

Audiences at your agency's training events: <input type="checkbox"/> Center-based child care practitioners <input type="checkbox"/> Family child care practitioners <input type="checkbox"/> School-age care practitioners <input type="checkbox"/> Center owners/directors <input type="checkbox"/> Resource teachers/Early learning coaches <input type="checkbox"/> Health services professionals	<input type="checkbox"/> Parents/Guardians <input type="checkbox"/> Pre-service teachers <input type="checkbox"/> Early intervention/special ed. professionals <input type="checkbox"/> Social workers <input type="checkbox"/> Other: _____ _____
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Training Agency Agreements – By signing and submitting this application to the Palm Beach County Early Childhood Registry, this organization/agency agrees to abide by the following:

- Ensure that the trainers hired by the organization/agency meet the requirements in the Trainer Criteria/Standards provided in this packet.
- Ensure that the trainings sponsored by this organization/agency meet the Guiding Principles for Training Approval, the Training Standards and the Registry Training Agreements provided in this packet.
- Submit all proposed trainings for Registry approval within the timeframe specified in the Registry Training Agreements provided in this packet.

I certify that the information I have provided is true and correct to the best of my knowledge.

Name (Print) _____

Date: _____

Signature: _____

Title: _____

Please return this application to:
Palm Beach County Early Childhood Registry
c/o: Palm Beach State College
812 Fern Street West Palm Beach, FL 33401



Funded by Children's Services Council/Administered by Palm Beach State College