

Born to Learn™ Institute Prenatal to 3 Years
Registration Form for Parent Educators (PE)

Name	_____	SSN	_____
Home Address	_____	Phone	_____
	_____	Email	_____
Program Name	_____	Position / Title	_____
Supervisor's Name	_____	Office Phone	_____
Office Address	_____	Fax Number	_____

If you have 2005 curriculum from a PE leaving the program, you do not need to purchase new curriculum.

Name of PE being replaced _____ SSN _____
 The new parent educator **MUST** bring the used curriculum to the Institute.

Date(s) of Institute March 27-31, 2006 Registration Deadline Wednesday, March 15, 2006
 Location of Institute MS Forum Peavey Parent Center - 737 N. President St., Jackson, MS 39202

Born to Learn™ Institute Prenatal to 3 Years Costs	Quantity	Cost	Line Total
Training Fee	_____	625.00	625.00
Curriculum (Includes one set of Modules A, B & C and one media component.)	_____	295.00	_____
Which media you want? (Choose one; additional media available below.)			
<input type="radio"/> 5 Videos Set (English) <input type="radio"/> 5 Videos Set (Spanish) <input type="radio"/> DVD (English & Spanish)			
Additional 5 Video Set in English (optional)	_____	37.50	_____
Additional 5 Video Set in Spanish (optional)	_____	37.50	_____
Additional DVD - English & Spanish (optional)	_____	27.50	_____
Supervisor's Manual and Program Administration Guide (1 per program)	_____	75.00	_____
Late Fee (if received after deadline)	_____	50.00	_____
Method of payment: <input type="checkbox"/> PO <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (please call)		TOTAL	_____
Party responsible for payment: _____			

IMPORTANT INFORMATION YOU NEED TO KNOW!

- This form MUST be returned ALONG WITH** the Participant Data Form and the Terms of Agreement Form. Three ways to submit information:
 - **Fax** to Jill Dent at 601-355-4813 **and** be sure to include a copy of your Purchase Order!
 - **Email** to jill.dent@mfcf.org
 - **Mail** to Jill Dent at 737 N. President St., Jackson, MS 39202
- These forms must be filled out COMPLETELY** or they will be returned to you for any missing information.
- Do not assume you are registered** until you receive verbal or written confirmation! Confirmation packets are sent within 2 weeks of Institute.
- Do not book airline or hotel reservations, etc.,** until you receive confirmation!
- For questions regarding **on-site information and lodging**, call Holiday Inn 601-948-4466 or Best Western 601-969-6555.
- For questions regarding **registration or program information**, call Jill Dent at 601-355-4911.
- Make checks or purchase orders payable to MS Forum on Children and Families.
- Cancellation Policy: PATNC reserves the right to limit enrollment or cancel an Institute in the event of insufficient registrations. Participants may cancel their registration and receive a 90% refund prior to the first day of Institute or receive full credit to attend another Institute.
NO REFUNDS WILL BE GIVEN AFTER THE FIRST DAY OF INSTITUTE!
- Please keep a copy of this registration for your records.*

Office Use Only

Date Received	_____	Approved by	_____	Guide purchased?	<input type="checkbox"/> Y <input type="checkbox"/> N
Type of Payment	_____	Confirmation sent	_____	PAG purchased?	<input type="checkbox"/> Y <input type="checkbox"/> N
Amount	_____				

Born to Learn™ Institute Prenatal to 3 Years
Participant Data Form for Parent Educators (PE)

Please answer the following questions to help us better meet the needs of Institute participants.
This data **MUST** be on file two weeks prior to the Institute date!

Personal Information

Name _____ Date of Institute March 27-31, 2006

Training Location MS Forum Peavey Parent Center - 737 N. President St., Jackson, MS 39202

Program Name _____

1 Briefly describe your educational background and supervised experience working with children birth to age 5.

Completed in school: GED HS Diploma CDA AA
 B.S./B.A. - Field: _____ Graduate Study - Field: _____

State experience, length of time, type of program, etc. _____

2 Is English a second language? yes no Primary language: _____

3 In your program, what will your role be? PE Supv / PE Other: _____

Program Information

1 Do you have funding in place to start and operate a PAT program? yes no
What are your funding sources? (Please be specific.) _____

What is the duration of current funding? _____

2 Briefly describe your current area of work and the agency / organization you represent. _____

Will you be initiating a new Parents as Teachers *Born to Learn™* program? yes no

If no, what was the start-up date of the PAT *Born to Learn™* program you are joining? _____

Do you understand that Parents as Teachers *Born to Learn™* programs include regularly scheduled personal visits, group meetings, screening and linking with a community resource network? yes no

3 Will PAT become part of a child care center, preschool or other center-based program? yes no

If no, please go to question 4. If yes, briefly describe the program and how PAT will be integrated.

Are you a classroom teacher in your program? yes no If yes, what ages do you work with? _____

Please indicate your program's Accreditation Status:

National State In self-study phase of accreditation Licensed

4 Describe the specific population(s) you plan to serve in the Prenatal to 3 program.

What is the estimated number of total program participants? _____

Estimate the percentage of families who will meet the following criteria:

_____ Families with low income Teen parents
_____ Families with English as a second language Families with middle or upper income
_____ Families with children with special needs Families with low literacy

Born to Learn™ Institute Prenatal to 3 Years
Terms of Agreement for Parent Educators (PE)

The following conditions are required for attendance at the Parents as Teachers (PAT) *Born to Learn™* Institute Prenatal to 3 Years.
This Institute is designed only for those who will work as parent educators or supervisors in an approved
Parents as Teachers *Born to Learn™* program for families of children prenatal to age three.

- 1 I intend to implement the Parents as Teachers program in my community, either as a stand-alone program or as a designated component of a more comprehensive program.** Every approved Parents as Teachers program must have the following four components:
- Regularly scheduled personal visits.
 - Regularly scheduled group meetings.
 - Regularly scheduled health, hearing, vision and developmental screenings.
 - Linkage with community resource and referral network.
- 2 I commit to attending the Parents as Teachers *Born to Learn™* Institute Prenatal to 3 Years in its entirety.** The Institute is designed to be attended in two sessions. The initial session is a five day training, followed within 6 months by a one day session (Institute Follow-Up). The training fee includes the cost of both sessions. My commitment includes budgeting time and funding for both sessions. Completion of initial certification includes:
- Attend all sessions.
 - Pass all assessments.
 - Receive approval of a child development chart.
 - Complete a Program Plan (outlining how the PAT program will be implemented) which must be submitted to the Parents as Teachers National Center or your State Training Team.
- Unsuccessful completion of the Institute will require the return of the Parents as Teachers *Born to Learn™* Curriculum.*
- 3 I understand that the Parents as Teachers *Born to Learn™* Curriculum Guides, Videos and DVDs are copyrighted and are only to be used by certified parent educators in authorized PAT *Born to Learn™* programs serving PAT families.**
- 4 I understand that the Parents as Teachers *Born to Learn™* Curriculum Guides, Videos and DVDs are the property of authorized Parents as Teachers *Born to Learn™* programs and not the property of individual parent educators.** If and when parent educators leave the position of parent educator, the Parents as Teachers *Born to Learn™* Curriculum Guides, Videos and DVDs are to be left with the PAT *Born to Learn™* program that purchased them.
- 5 I agree to provide full service to a minimum of 5 families each year or as defined by my program's plan and to maintain annual certification by attending approved professional development opportunities.** To insure quality services to families, the Parents as Teachers National Center requires parent educators to continue to develop their skills through a professional growth plan following Parents as Teachers National Center guidelines.
- 6 My program will fill out and send an Annual Program Report to the Parents as Teachers National Center each year.** In order for the Parents as Teachers National Center to continue to develop materials and programming to best meet the needs of Parents as Teachers *Born to Learn™* programs and the families they serve, an Annual Program Report form is sent to programs every spring to be completed as part of the annual recertification process.

I have read the above terms and agree to comply with each. I also understand that attending a Parents as Teachers *Born to Learn™* Institute does not qualify me to train others to use the Parents as Teachers *Born to Learn™* model or materials.

<hr/> <p style="text-align: center;">Signature of Participant: _____ (please print name)</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p style="text-align: center;">Signature of Supervisor: _____ (please print name)</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p style="text-align: center;">Program Name</p>	<hr/> <p style="text-align: center;">Program Phone Number</p>
<hr/> <p style="text-align: center;">Program Address</p>	<hr/> <p style="text-align: center;">Program Fax Number</p>
<hr/> <p style="text-align: center;">March 27-31, 2006</p>	<hr/> <p style="text-align: center;">Jackson, MS</p>
<hr/> <p style="text-align: center;">Date of Institute</p>	<hr/> <p style="text-align: center;">Location of Institute</p>

**Along with any electronic copy of this file that you may submit,
we require a printout of this page with the parent educator and supervisor signatures.**

Please **PRINT**, **SIGN**, and **SEND** this signature page to:

Via fax:

Via mail: