

Registration Form for Supervisors (SUP)

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

Type of Supervisor Training (select one)

Individuals who have the job responsibility of supervising PAT parent educators are required to attend the first 2 days of Institute. This includes supervisors starting a new PAT program and new supervisors of existing programs. Included in the 2 days is a special ½ day session for supervisors only. It is highly recommended that supervisors attend the full week when possible. It is necessary that each supervisor have a Program Administration Guide for this training. It would also be helpful to bring Module I of the *Born To Learn™* Curriculum for reference.

Born to Learn™ Prenatal to Three Institute **Two Day Supervisor**

Born to Learn™ Prenatal to Three Institute **Five Day Supervisor** (required for *all* supervisors providing personal visits)

If you have curriculum from a PE who has left your program, you do not need to purchase new curriculum.

Name of PE being replaced _____ SSN _____

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

<i>Born to Learn™</i> Prenatal to Three Institute Costs	Quantity	Cost	Line Total
Training Fee - 2 day- \$100.00 5-day \$625.00	_____	_____	_____
Curriculum (Includes one set of Modules I & II and one media component.)	_____	<u>275.00</u>	_____
Do you want Modules in English or Spanish? <input type="radio"/> English <input type="radio"/> Spanish			
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)	_____	<u>37.50</u>	_____
Additional 5 Video Set in Spanish (optional)	_____	<u>37.50</u>	_____
Additional DVD - English & Spanish (optional)	_____	<u>27.50</u>	_____
Program Administration Guide in English (1 per program)	_____	<u>75.00</u>	_____
Program Administration Guide in Spanish (1 per program)	_____	<u>75.00</u>	_____
Late Fee (if received after deadline)	_____	<u>50.00</u>	_____
Method of payment: <input type="checkbox"/> PO <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (please call)			TOTAL _____
Party responsible for payment: <u>PATNC</u>			

IMPORTANT INFORMATION YOU NEED TO KNOW!

- 1 **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
- 2 **These forms must be filled out COMPLETELY** or they will be returned to you for any missing information.
- 3 **Do not assume you are registered** until you receive verbal or written confirmation! Confirmation packets are sent within 2 weeks of Institute.
- 4 **Do not book airline or hotel reservations, etc.,** until you receive confirmation!
- 5 For questions regarding **on-site information and lodging**, call Holiday Inn 601-948-4466 or Best Western 601-969-6555.
- 6 For questions regarding **registration or program information**, call Jill Dent at 601-355-4911.
- 7 Make checks or purchase orders payable to MS Forum on Children and Families.
- 8 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!
- 9 Please keep a copy of this registration for your records.

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

Participant Data Form for Supervisors (SUP)

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 on Children & Families- Peavey Parent Center 737 N. President St., Jackson, MS
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? supervisor / administrator (no direct service to families)
 supervisor / parent educator (some direct service to families)

Briefly describe your supervisory responsibilities. _____

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 Will you be initiating a new Parents as Teachers program? yes no
If no, what was the start-up date of the PAT program you are joining? _____

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 Three 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

Terms of Agreement for Supervisors (SUP)

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 Program for families of children prenatal to age three.

- 1 **I will be supervising 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 or for the Two Day Supervisor's Training.** If I serve as a supervisor and a parent educator, I understand that I must attend the Five Day Institute plus the Follow Up. The training fee includes the cost of both sessions. My commitment includes budgeting time and funding for both sessions. To complete initial certification for supervisors serving families, one must:
 - Attend all sessions.
 - Pass all daily assessments.
 - Receive approval of a child development chart.
 - Complete an implementation 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 to be used only by parent educators who have successfully completed all certification requirements.** These materials are to be used only in authorized PAT 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 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 Parents as Teachers program. It is the responsibility of the supervisor to collect these materials.

- 5 **If I serve as a supervisor and a parent educator, I agree to provide full service to a minimum of 5 families each year and to access approve professional development. I understand that if I leave my program or PAT is no longer implemented in my program I will return all PAT materials to PATNC.**

- 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 National Center to continue to develop materials and programming to best meet the needs of PAT programs and the families they serve, an Annual Program Report form is sent to programs every spring for completion.

- 7 **My program will acknowledge the use of the PAT *Born to Learn*™ Curriculum and Training in all dissemination material and program evaluations. Acknowledgement of your program's affiliation with PAT establishes recognition of quality programming and provides opportunities to network with other PAT affiliates.**

Signature of Supervisor:
(please print name)

Date

Program Name

Program Phone Number

Program Address

Program Fax Number

March 27-31, 2006
Date of Institute

Jackson, MS
Location of Institute

Along with any electronic copy of this file that you may submit, we will require a printout of page 3 with supervisor's signature.

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

Via fax:

Via mail:

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