



Born to Learn™ Three Years to Kindergarten Entry (3-K)
Registration Form for Parent Educators (PE)

Name	_____	SSN	_____
Home Address	_____	Phone	_____
	_____	Email	_____
Agency / Sch. Dist.	_____	Position / Title	_____
Supervisor's Name	_____	Office Phone	_____
Office Address	_____	Fax Number	_____
	_____		_____

This training is restricted to CURRENT, CERTIFIED, PAT Prenatal to Three Years Parent Educators.

- Please indicate date of initial PAT *Born to Learn*™ Prenatal to Three Years Institute. _____
- Please indicate years served as a certified PAT Parent Educator. _____
- Highest educational level attained: GED HS Diploma CDA AA
 BS/BA Field: _____ Graduate Study Field: _____
- Briefly describe educational background and supervised experience working with children birth to age 5.

- Is English a second language? Yes No Primary language spoken: _____

Date of 3-K Training November 2-3, 2004 Registration Deadline Tuesday, October 12, 2004

Location of Training Central Mississippi Medical Center

Address of Training 5903 Ridgewood Road Jackson, MS 39211
street city state zip

If you have curriculum from a PE who is leaving the program, AND that curriculum is from 2002, you do not need to purchase new curriculum. The 2002 Born to Learn™ Curriculum Three Years to Kindergarten Entry is used in all 3-K trainings. The 1997 Program Planning and Implementation Guide for Ages Three to Five is **no longer compatible with the training.**

Name of PE replaced _____ SSN _____

The new parent educator **MUST** bring the used 2002 curriculum to the training. If the new parent educator *is not* replacing an existing parent educator, new curriculum **MUST** be purchased.

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Three Years to Kindergarten Entry Training and Curriculum Fees

	Quantity	Cost	Line Total
Training Fee	_____	450.00	_____
3 Years to Kindergarten Entry Curriculum Guide (English)	_____	150.00	_____
3 Years to Kindergarten Entry Curriculum Guide (Spanish)	_____	150.00	_____
Late Fee <i>(if received after deadline)</i>	_____	25.00	_____
		TOTAL	_____

Party responsible for payment: _____ Type of Pmt: _____
 Signature of Program Supervisor: _____ Date: _____

- Make checks or purchase orders payable to *Parents as Teachers National Center*.
- If faxing, please be sure to include a copy of your purchase order. Our fax number is (314) 995-3905.
- Return registration form **AND** payment to *Cindy Westerman, PATNC, 2228 Ball Dr., St. Louis MO 63146*.

Before making reservations: Prior to booking airline tickets, hotel reservations, etc., it is imperative that you confirm your training registration. Confirmation is sent within two weeks of training. If you do not receive a confirmation letter, you may not be registered for the training. Please call the 3-K Training Specialist at the National Center (Cindy Westerman, 314-432-4330 ext. 216) if you have any questions about your registration.

Cancellation Policy: Parents as Teachers National Center reserves the right to cancel a training in the event of insufficient registrations. Participants may cancel their registration and receive a 90% refund prior to the first day of training or receive full credit to attend another training. **No refunds will be given after the first day of a training.** The National Center reserves the right to change fees at any time. Please keep a copy of this registration for your records.

Office Use Only

Date Received _____ Type of Payment _____ Amount _____
 Approved By _____ Confirmation Sent _____ Registered By _____