Early Intervention Partners Training Project Sign-up

Name: (print) _					_	
Address:						
City, State:			Zip:			
Phone (Home):	((Cell):	(Work): _			
E-mail:						
Date of birth of	child in the Early I	ntervention Progra	am (mm/dd/yy): _			
Please mark the	county you live in:					
	Albany Franklin Montgomery Schoharie	Clinton Fulton Rensselaer Warren	Columbia Greene Saratoga Washington		Essex Hamilton Schenectady	
Describe your cl receiving).	e program your child The Early Interventi The Preschool Programmer hild(ren) who has a d	on Program (birth to ram (3 years to 5 years isability (age, type of	ars old) of disability, and th	• •	oe of program or service	ces he/she is
Why are you int	erested in participatir	ng in this Early Inter	vention Partners T	'raini	ing Project?	
	he purpose of the LE				(LEICC) comprised of attervention Official ab	
	ntly a parent member	r of the LEICC in w	our county place	chec	ok here	
	sted in becoming mo	•				
Ethnic backgrou	•		2230, prouse eneci	1101	- <u> </u> ·	

Participate in the interactive webinar and in-person two-day session:

Session I: Saturday, March 8, 2025 (9:30 a.m. -12:30 p.m.) Live interactive Individualized Family Service Plan (IFSP) Functional Outcomes Webinar (participate from home on a personal computer or mobile device) Session II: Friday, March 21, 2025 (4:00 p.m.-9:00 p.m.) and Saturday, March 22, 2025 (9:00 a.m. – 5:00 p.m.) Two-day, in person training to be held at Hilton Garden Inn, 30 Clifton Country Road, Clifton Park, New York, 12065. Are you able to commit to participate in **all** training sessions? Yes ______No____ Participants attending both in person days have an option for a free overnight stay Friday, March 21, 2025, at the Hilton Garden Inn, 30 Clifton Country Road, Clifton Park, New York, 12065 on a roommate basis (double occupancy). Participants MUST let us know if planning to stay overnight by our registration deadline on March 17, 2025. Will you be staying overnight? Yes____ No____ Not sure ____ Do you need any special accommodations to participate? Yes ____ No ____ If yes, please describe: (interpreter or dietary restrictions) If you need more information or another sign-up sheet, please call Angela Furci or Liz Muller at 631-205-0502. Please mail or fax your sign-up sheet to: Angela Furci, Family Initiative Coordinator or Liz Muller, Project Assistant FICSP/Just Kids Early Childhood Learning Center P.O. Box 12 Middle Island, New York 11953

> Phone: (631) 205-0502 Fax: (631) 924-4602

E-mail: angelamfurci@justkidseclc.org or emuller@justkidseclc.org