

Early Intervention Partners Training Project Sign-up sheet

Name: (print) _____

Address: _____

City, State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ (Work): _____

E-mail: _____

Date of birth of child in the Early Intervention Program (mm/dd/yy): _____

Please mark the county you live in:

Bronx	<input type="checkbox"/>	Dutchess	<input type="checkbox"/>	Kings	<input type="checkbox"/>	New York	<input type="checkbox"/>
Orange	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	Queens	<input type="checkbox"/>	Richmond	<input type="checkbox"/>
Rockland	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	Ulster	<input type="checkbox"/>	Westchester	<input type="checkbox"/>

Please check the program your child is enrolled in:

The Early Intervention Program (birth to 3 years old) _____

The Preschool Program (3 years to 5 years old) _____

Describe your child(ren) who has a disability (age, type of disability, and the type of program or services he/she is receiving).

Why are you interested in participating in this Early Intervention Partners Training Project?

Each county/municipality has a Local Early Intervention Coordinating Council (LEICC) comprised of parents and professionals. The purpose of the LEICC is to advise the municipality's Early Intervention Official about local early intervention issues.

If you are **currently** a parent member of the LEICC in your county, please check here _____.

If you are interested in becoming more involved in the LEICC, please check here _____.

Ethnic background (optional): _____

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

Session I: Saturday, January 11, 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, January 24, 2025 (4:00 p.m.-9:00 p.m.) and Saturday, January 25, 2025 (9:00 a.m. – 5:00 p.m.) Two-day, in person training to be held at Hotel NoMa, One Radisson Plaza, New Rochelle, NY 10801

Are you able to commit to participate in **all** training sessions? Yes _____ No _____

There is a free overnight hotel accommodation on a **roommate basis (double occupancy)** available to participants on Friday, January 24, 2025, if you chose to stay. Participants **MUST** let us know if planning to stay overnight by our registration deadline on January 15, 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 (toll-free) at 1-631-205-0502.

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**